

# MISSOURI

## STATE BOARD OF NURSING NEWSLETTER



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## Message from the President

### Aubrey F. Moncrief, CRNA

I had the pleasure to appear with Governor Nixon for the announcement of the *Caring for Missourians* grants awarded by the Board of Nursing.

Congratulations to the seven grant recipients:

- University of Missouri, St. Louis
- Ozark Technical College, Springfield
- Mineral Area College

- University of Missouri, Kansas City
- Cox College
- University of Missouri, Columbia
- William Jewell College

Our thanks go to Governor Nixon and the nurses of Missouri for making this huge impact on nursing education in our state.

Be careful out there.

## Executive Director's Report

### by Lori Scheidt, Executive Director

The 2012 legislative session starts January 4, 2012 and will go through May 18, 2012. Legislators began pre-filing bills on December 1, 2011.

Representative David Sater (R-District 68) pre-filed HB 1072 which would establish the Volunteer Health Services Act to allow certain licensed health professionals to provide services without additional licensure requirements.

Senator Robin Wright-Jones (D-District 5) pre-filed SB 494 which would create the Medical Harm Disclosure Act to require reporting of medical harm events.

Senator Robin Wright-Jones has pre-filed SB 2500, which will modify the state legal expense coverage of certain health professionals and would modify hospital patient safety policies.

Legislation impacts nursing careers, shapes health care policy and influences the care delivered to patients. Your education, expertise, and well-earned public respect as a nurse can allow you to exert considerable influence on health care policy. Nurses have been somewhat reluctant to do this in the past but you are in an excellent position to advocate for patients. Never underestimate the importance of what you have to say. As a professional, you bring a unique perspective to health care issues and often have intimate knowledge that helps provide insight for our legislators.

You should make your thoughts known to your legislative representatives. You can meet with, call, write or e-mail your legislators. Let your legislators know how to reach you, your area of expertise, and that you are willing to give them information on issues related to nursing. You can find information about the status of bills and how to contact legislators at <http://moga.mo.gov/>.

We have focused this issue of the newsletter on issues that may prompt legislation to make changes in our health care system. We invite you to become more informed about these important issues, monitor bills that are filed in relation to them and use your voice to shape the future.

### No cards will be issued for Licensure Renewal

Although license cards have historically been perceived as "proof" of licensure, the fact is that wallet cards are subject to fraud, loss, and theft. Additionally, there is an assumption that the card carrier's license status is current as it reads on the card. In fact, the information could be up to two years old. Implementation of the Nurse Licensure Compact added another element—whether the person has a multistate or single state license. Relying on a license card puts the public at risk and puts employers at risk for civil penalties and other sanctions.

On January 1, 2010 Missouri eliminated the issuance of license cards for regular license renewals. A license card will still be issued upon initial licensure in Missouri (by exam or endorsement). However, the initial card will **not** have an expiration date or multistate or single state license status. It will contain the nurse's name, profession and license number. Nurses and employers should go to [www.nursys.com](http://www.nursys.com) to verify multistate or single state license status, discipline and expiration date.

Eliminating the issuance of license cards for renewals benefits the Board, licensees, employers and the public.

- Assists employers in satisfying Joint Commission standards requiring use of primary source data for license verifications.
- Provides quicker access by employers to disciplinary actions taken by the Board.
- Eliminates lost, stolen and duplicate licenses.
- Eliminates imposters using fraudulent licenses.
- Increases the efficiency of licensure, investigative/monitoring and legal staff in license-related functions.
- Licensure verification is available free 24/7 at [www.nursys.com](http://www.nursys.com)
- Reduces expenses by an estimated at \$148,000 after 2012.
- Reduces paper—going green!


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Missouri League for Nursing ( <i>MLN</i> )	573-635-5355
Missouri Hospital Association ( <i>MHA</i> )	573-893-3700



# Gov. Nixon Announces Grants to Educate More Nurses at Missouri Colleges, Universities

ST. LOUIS—Gov. Jay Nixon today visited the University of Missouri–St. Louis College of Nursing to announce \$1 million in grants to educate additional nurses at colleges and universities across the state.

The grants, made available through Gov. Nixon’s Caring for Missourians Initiative, are funded by revenue generated from nursing license fees collected by the Missouri State Board of Nursing. The program will provide \$1 million in grants each year in Fiscal Years 2012, 2013 and 2014. Public and private colleges and universities are eligible to apply for grants of up to \$150,000 per institution per year to hire additional faculty, purchase vital educational equipment or offer scholarships.

“A nursing education is a direct pathway to a rewarding and lifelong career, but for too long, too many students have been turned away from nursing education programs because they were at full capacity,” Gov. Nixon said. “As our economy begins to move forward, health care will continue to be a growing industry in our state. These grants will help our nursing schools educate more students and connect them with good jobs in every corner of Missouri.”

For the current fiscal year, FY 2012, the State Board of Nursing has approved the following grants:

Cox College (Springfield)	\$149,978
Mineral Area College (Park Hills)	\$149,950
Ozarks Technical Community College (Springfield)	\$150,000
University of Missouri–Columbia	\$149,540
University of Missouri–Kansas City	\$83,596
University of Missouri–St. Louis	\$149,996
William Jewell College (Liberty)	\$149,750

To select the grant recipients, the Missouri State Board of Nursing reviewed competitive applications submitted

by the institutions. In the second and third years of the program, the board will again invite applications and award the grants on a competitive basis.

According to its grant application, UMSL plans to expand its undergraduate nursing program by 32 students and develop a pilot program for expanding the number of future nursing faculty it educates at the doctoral level.

“We applaud Gov. Nixon and the State Board of Nursing for their leadership in helping us educate more nurses at this critical time,” said Sandy Lindquist, interim dean of the UMSL College of Nursing. “Hospitals, clinics and other providers are hiring nurses as quickly as possible, but capacity limits have forced us to turn away too many good students in the past. This grant will help us significantly expand our undergraduate program, while also laying the groundwork to expand our graduate program in the future. This is a real win for Missouri’s economy and the health of our state.”

Launched in fall 2009, Caring for Missourians was a one-time investment of \$40 million to increase the number of nurses, physicians, dentists and other health professionals being educated at Missouri’s public colleges and universities. Colleges and universities developed individual plans for how they would invest their Caring for Missourians funds.

Gov. Nixon and the State Board of Nursing announced plans for this expansion of Caring for Missourians in December 2010. During the 2011 legislative session, the General Assembly passed two bills authorizing the program: House Bill 223 and Senate Bill 325.

Scott Holste  
Press Secretary  
Missouri Gov. Jay Nixon  
573-751-0290

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# Number of Nurses Currently Licensed in the State of Missouri

As of January 24, 2012

Profession	Number
Licensed Practical Nurse	25,512
Registered Professional Nurse	91,792
Total	117,304



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# MCPNE Scholarship Awarded for Third Year

**Authored by Kim Davis,  
Missouri Council of PN Educators**

The Missouri Council of Practical Nurse Educators is a professional group of nurse educators that is focused on all issues related to the education of the practical nurse in the State of Missouri. The group decided three years ago to support practical nursing students with a \$500 scholarship. To be eligible the applicant must be actively attending as a full-time student in a Practical Nursing Program, maintain a "B" average grade in all courses, be recommended by their school's practical nursing program coordinator and provide evidence for financial need. The applicant is to compose a formal paper on "The Scope of Practice for the LPN." A selection committee reads these essays and scores the essay according to content, organization, spelling, grammar, format, and reference cited following APA format. The scholarship deadline date is April 1st of each year. The scholarship is awarded annually to the recipient during the recognition lunch at the June Missouri State Association of License Practical Nursing State Convention.

This Year's Winner was **Kimberly Slaughter** from North Central Mo. College, North Central Career Center Bethany. Her essay follows:

## **The Scope of Practice for the LPN** **Authored by Kimberly Slaughter**

Missouri's Nurse Practice Act provides for the regulation of the practice of nursing in the state as well as outlining the structure of the Missouri Board of Nursing which oversees the nursing profession. In fact, the Nurse Practice Act is the single most important document in determining the guidelines for the scope of nurses' professional responsibilities and duties. Defining the scope of practice for the licensed practical nurse is just one of the many issues addressed within the Nurse Practice Act. According to the textbook Basic Nursing published in 2011 by Mosby, Inc., Nurse Practice Acts also allow state nursing boards to set guidelines to define the standard of care in the practice of nursing, set educational requirements for nurses and distinguish between the practice of nursing and the practice of medicine.

Practical nursing, as defined in Chapter 335 of the Missouri Revised Statutes found on Missouri's Division of Professional Regulation website, is the performance for compensation of selected acts for the promotion of health and in care of persons who are ill, injured or experiencing alterations in normal health processes. The scope of practice for the licensed practical nurse is defined as nursing acts that the nurse has the specialized skill, judgment and knowledge to perform. For the most part, specific tasks and duties are not outlined within the scope of practice for licensed practical nurses as this could be limiting for qualified nurses. Instead this definition provides for consideration of the training and skills of each individual nurse. This allows licensed practical nurses who have received advanced training to be entrusted with more tasks and increased responsibility. The licensed practical nurse must also keep in mind that each facility has specific guidelines and the policy and procedure manual must be consulted for guidance as well.

According to an article entitled Tomorrow's LPN: Understanding the role, written by authors Hunt & James in the publication *Nursing*, many licensed practical nurses are taking advantage of available advanced training and taking positions in intravenous therapy, emergency medicine, and dialysis as well as in intensive care unit, coronary care units and operating rooms. The article

also explains that more and more nurses are working in the home health care setting and for the private sector in industries such as insurance. Nursing duties in general are many and may include patient teaching, administration of medication, along with patient assessments, nursing diagnosis, nursing care and counseling of patients.

One nursing duty that is specifically addressed in the statutes is the administration of intravenous fluids. The administration of intravenous fluids is only to be performed by licensed practical nurses that have been specifically instructed and trained through an institution and specific program approved by the Missouri State Board of Nursing. Administration of intravenous fluids by a licensed practical nurse does require supervision by a registered nurse or licensed prescriber as outlined in the paragraphs below. Another essential function of nurses mandated by the Nurse Practice act is the collection and recording of data accurately to ensure adequate documentation.

Equally important to the actual duties nurses perform is the stipulation within the scope of practice that the licensed practical nurse is not authorized to independently perform nursing duties. Instead the statute indicates that the supervision of either a registered nurse or an individual licensed by the state regulatory board to prescribe medications and treatment, such as a physician or nurse practitioner, is required. The licensed practical nurse must have ongoing and immediate access to those who supervise them. As addressed by the Nurse Practice Act, this is especially necessary when patients' care needs exceed the knowledge, education, skills, training, or experience of the licensed practical nurse. This is also required when patients' needs fall outside of the nurses' legal scope of practice or when the medical condition of a patient requires immediate consultation or referral.

The scope of practice for the licensed practical nurse calls for the relationships between licensed practice nurses and authorized prescribers to be clear in nature. It is important that the licensed practical nurse be provided with specific verbal or written orders directly from the authorized prescriber and the prescriber must cosign these orders. It is the responsibility of both the prescriber and the licensed practical nurse to be sure that the delegated duties are within the scope of practice of the prescriber and that the licensed practical nurse possesses the ability to perform those acts competently and safely.

I believe that the Nurse Practice Act and the defined scope of practice for licensed practical nurses are essential for many reasons. The scope of practice provides nurses a framework in which to work and an understanding that they must be properly trained and are responsible for the care they provide. In addition to providing the scope of practice guidelines, the Nurse Practice Act and the Missouri State Board of Nursing have implemented many safeguards. One example is the requirement for employers to verify that nurses have a current, valid license to practice nursing prior to hiring them. All of these regulations protect the public from unskilled, undereducated, and unlicensed nurses and help to ensure that patients receive the excellent care they expect and deserve.

### **Reference:**

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Former Board Member Remembered

It is with sadness that we report the death of a former Board member. **Linda Conner, RN**, Greentop, Missouri died November 10, 2011. Linda was appointed to the Board on March 6, 2003 and served until July 2008. The Board truly appreciates Linda's hard work and dedication serving her profession and fellow Missourians so faithfully. She will be missed.



Schedule of Board Meeting Dates through 2013

March 6-9, 2012  
June 12-15, 2012  
September 4-7, 2012  
December 4-7, 2012  
March 5-8, 2013  
June 4-7, 2013  
September 3-6, 2013  
December 3-6, 2013

Meeting locations may vary. For current information please view notices on our website at <http://pr.mo.gov> or call the board office. If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966. **Note: Committee Meeting Notices are posted on our web site at <http://pr.mo.gov>**

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Saint Luke's Hospital of Kansas City Begins its Inaugural Nurse Residency Program in 2012

**Authored by Jacque Carpenter RN, MS, PhD**  
**Staff Development and Director of Nursing Research**  
**Saint Luke's Hospital of Kansas City**  
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Currently, a major gap exists between new graduate nurses' experience levels and the complex care required for seriously ill patients, which typical hospital orientation programs may not address adequately. This presents many challenges for new graduates as they begin their careers, particularly in the acute care setting. The 2010 IOM report on the Future of Nursing (2010) suggested that nurse residency programs are necessary to assist new graduates' transition into practice by providing structured opportunities to expand clinical and professional competencies. The National Council of State Boards of Nursing (NCSBN) and other nurse leaders (Goode et al., 2009) have recommended that all new graduate nurses participate in a nurse residency program in the year after graduation. In response to these concerns and recommendations, Saint Luke's Hospital (SLH) convened a Task Force in January 2011 to develop a 12-month Nurse Residency Program to help build clinical competency and professional practice behaviors in new graduate nurses during their first year of practice. This collaborative task force, composed of SLH nurses and nursing faculty from Saint Luke's College of Health Sciences (SLCHS), reviewed various Nurse Residency models in search of a program that reflected our commitment to hire and encourage professional and leadership development among all of our new graduates, regardless of education. The NCSBN's Transition to Practice model, designed explicitly to include nurses at all educational levels, was determined to be the best fit for SLH. The Transition to Practice bi-monthly curriculum is based on QSEN competencies (patient-centered care, communication and teamwork, quality improvement, evidence-based practice, and informatics), weaving patient safety (QSEN) and clinical reasoning concepts throughout.

The program goals include:

- 1. Transition from entry-level nurse to a competent professional.
- 2. Develop effective decision-making skills.
- 3. Develop clinical leadership skills at the point of patient care.
- 4. Develop strategies to incorporate sources of evidence-based practice and process improvement and present at Research Day.
- 5. Formulate an individual career plan to promote a lifelong commitment to professional nursing.

Although we have set the NCSBN's Transition to Practice model as the foundation for our Nurse Residency Program, we have also added two components that we believe will strengthen the program even further: *human simulation* and *intentional mentoring*.

Human Simulation

Every other month during the 12-month residency program, new graduates will attend human simulations

at Penn Valley's virtual hospital or SLCHS simulation lab, facilitated by experienced SLH and SLCHS nurses. Through this simulation, new graduates will be exposed to both high risk/low frequency clinical situations and common clinical procedures. Each simulated session will last for 2 hours, that includes a 15 minute pre-briefing bedside report, 1 hour for the actual simulation, and a 45 minute de-briefing session to review the process and outcomes of the scenario. The simulated experiences will expose them to challenging clinical scenarios that promote and validate clinical and professional competence (Beyea, Slattery, & von Reyn, 2010; Decker, Sportsman, Puetz, & Billings, 2008), without placing actual patients at risk (Doyle, 2011).

Intentional Mentoring

SLH's Nurse Residency Program relies on a robust nurse mentor-new graduate nurse relationship that follows best practices specified by The Health Alliance of MidAmerica LLC (2011). Mentors have been trained to work closely with new graduate nurses to serve as a resource and provide professional development guidance and support for the new graduates. Utilizing the Nurse Mentoring Toolkit (The Health Alliance of MidAmerica LLC) designed for nurse mentors in acute care settings will provide structure to their regular meetings and activities. The Toolkit is a practical how-to mentoring guide containing specific questions to jump start discussions, resources, checklists, and activities.

Intentional mentoring will help to increase the new graduate's commitment to, and active engagement in, the hospital as a community; and promote professional development behaviors. Moreover, we expect that the nurse mentors will be exemplary role models for the new graduates, and promote a *pay it forward* attitude, by which the graduates eventually become motivated to serve as mentors for future incoming graduates.

We hope that combining human simulation and intentional mentoring with the NCSBN's Transition to Practice program will assist SLH in achieving our goals of improving new graduate perceived confidence, competence and clinical judgment, job satisfaction, and ultimately patient safety and outcomes. We are currently conducting a pilot cohort study to compare these outcomes for graduates who participate in our Nurse Residency program compared with those who have not. For more information on SLH's Nurse Residency Program, please contact Jacque Carpenter 816-932-5367 or Jason Purcell 816-932-3984.


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Authored by Angie Morice  
Licensing Administrator

## Missouri State Board of Nursing Licensure Committee Members:

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- Lisa Green, RN
- Rhonda Shimmens, RN, BSN, C
- Roxanne McDaniel, RN

## LPN Renewal Notices

Renewal notices will be mailed to all Licensed Practical Nurses in March for those holding an active or retired license. The renewal notice will be printed on tri-fold paper that is sealed on the sides.

Remember, when renewing your license online, it will take 3-5 business days for your license to be updated and show the new expiration date. If you do not renew your license prior to May 31, 2012, and continue to practice, you will be practicing on an expired license and may be subject to disciplinary action. You will need to go to [www.nursys.com](http://www.nursys.com) to verify your renewed license, whether your license is a multistate or single state license, and the expiration date. The website [www.nursys.com](http://www.nursys.com) serves as primary source verification for Missouri.

**Please note:** You will **not** be issued a new wallet-sized card with this renewal. On January 1, 2010 Missouri eliminated the issuance of license cards for regular license renewals. New licensees will be issued one initial licensure card which will contain the nurse's name, profession and license number. There will be no expiration date on these licensure cards. Go to [www.nursys.com](http://www.nursys.com) to verify multistate or single state license status, discipline and expiration date.

Failure to receive a renewal notice does not relieve you of your obligation to timely renew your license.

## Insufficient Fees

When applying for or renewing your license, make sure you have the appropriate fees in your account. The Board of Nursing charges a \$25 uncollectable fee (charged for any uncollectable check or other uncollectable financial instrument submitted to the Missouri State Board of Nursing).

Failure to submit the repayment and uncollectable fee within two weeks of notification will result in the matter being referred to the prosecuting attorney's office.

## Director of Nursing

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## Name and address changes

Please notify our office of any name and/or address changes immediately in writing. Every licensee is responsible for notifying the Board office of a name or address change. The request must include your name, license number, your name and/or address change and your signature. An address/name change form can be found at <http://pr.mo.gov/nursing.asp>. The form may be downloaded from our website and submitted. Methods of submitting name and/or address changes are as follows:

- By faxing your request to 573-751-6745 or 573-751-0075.
- By mailing your request to Missouri State Board of Nursing, PO Box 656, Jefferson City, Missouri 65102.

Important correspondence from the Board such as license renewals, notice of disciplinary proceedings, notice of complaints, final actions and tax suspensions will be mailed to the last known address of the licensee. Failure to notify the Board of your current address can result in a lapsed license or disciplinary action in the nurse's absence.

## 324,010 No Delinquent Taxes, Condition for Renewal of Certain Professional Licenses


All persons and business entities renewing a license with the Division of Professional Registration are required to have paid all state income taxes and also are required to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns, your license will be subject to immediate suspension within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. If your license is suspended for state income tax reasons, you must stop practicing as a nurse immediately and you can not return to nursing practice until your license is active again.

If you have any questions, you may contact the Department of Revenue at 573-751-7200.

## Contacting the Board

In order to assist you with any questions and save yourself and our office staff valuable time, please have the following available when contacting the Board:

- License number
- Pen and paper



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# NCSBN Launches New Resources on Social Media and Networking for Nurses

**Media Contact:** Dawn M. Kappel  
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Chicago—The National Council of State Boards of Nursing (NCSBN) has created a variety of new resources to educate nurses about professional boundaries in a social networking environment. A video and a brochure based upon NCSBN's white paper *A Nurse's Guide to the Use of Social Media* are now available on NCSBN's website.

The use of social media is expanding exponentially as the number of social media outlets, platforms and applications available continue to increase. Nurses use blogs, social networking sites, video sites and online chat rooms to communicate both personally and professionally with others. NCSBN recognizes that these social and electronic media tools have tremendous potential for strengthening personal relationships and affording nurses a valuable opportunity to interface with colleagues from around the world, but also carry the risk of inadvertently revealing private and confidential patient information.

In light of the proliferation of social networking, as well as the instantaneous nature of this medium, NCSBN's newly created resources are designed to make nurses more cognizant of the potential consequences of disclosing patient-related information via social media. It is vital that nurses remain mindful of employer policies, relevant state and federal laws, and professional standards regarding patient privacy and confidentiality and its application to social and electronic media.

NCSBN's new video, *"Social Media Guidelines for Nurses,"* offers dramatization of potential scenarios of inappropriate social media use and highlights important concepts about the proper use of social networking in professional situations. The video is also available on YouTube. Additionally, a new brochure, *A Nurse's Guide to the Use of Social Media*, is available for download. Printed copies of the brochure are offered free of charge.

The National Council of State Boards of Nursing (NCSBN) is a not-for-profit organization whose members include the boards of nursing in the 50 states, the District of Columbia and four U.S. territories—American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also nine associate members. Mission: NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.


The statements and opinions expressed are those of NCSBN and not the individual member state or territorial boards of nursing.



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View more information at [www.stchas.edu/jobs](http://www.stchas.edu/jobs).  
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Discipline Corner

Board of Nursing  
E-Alerts–  
Disciplinary Actions

Authored by Janet Wolken, MBA, RN  
Discipline Administrator

Missouri State Board of Nursing  
Discipline Committee Members:

- Adrienne Anderson Fly, JD
- Roxanne McDaniel, RN
- Ann Shelton, RN
- Rhonda Shimmens, RN
- Deborah Wagner, RN

Healthcare Integrity and Protection Data Bank (HIPDB) and National Practitioner Data Bank (NPDB)

The Board receives phone calls concerning how they protect the public. Callers ask if they are able to look at discipline on a nurse's license. I always tell them to do a licensee search on [www.nursys.com](http://www.nursys.com). A copy of any legal documents is also available at that site.

In the paragraphs below I discuss two additional databanks that employers may use to check on a licensee's status.

The Healthcare Integrity and Protection Data Bank (HIPDB) and National Practitioner Data Bank (NPDB) are federal data banks. A Federal law Section 1128E of the *Social Security Act* ([http://www.ssa.gov/OP\\_Home/ssact/title11/1128E.htm](http://www.ssa.gov/OP_Home/ssact/title11/1128E.htm)) requires that any disciplinary action taken against a health care professional's license must be reported to these data banks. The section is titled Health Care Fraud and Abuse Data Collection Program. Discipline on a nursing license is reported to the HIPDB.

The information is not available to the general public. The table below is on the web site <https://www.ncsbn.org/418.htm>. The table lists who the law specifies must have access to information in the HIPDB and NPDB.

NPDB

- State Licensing Boards
- Professional Societies
- Hospitals
- Other Health Care Entities (e.g., HMOs), Individual Health Care Practitioners (e.g., nurses, physicians, dentists, etc.) through a self query

HIPDB

- Federal and State Government Agencies
- Health Plans
- Health Care Providers, Suppliers or Practitioners through a self query

The HIPDB is managed by the Healthcare Resources and Services Administration (HRSA) (<http://www.hrsa.gov/index.html>) under the Department of Health and Human Services. The Missouri State Board of Nursing uses the National Council of State Boards of Nursing to report to HIPDB. To find disciplinary actions on nurses go to [www.nursys.com](http://www.nursys.com) and do a Licensure *QuickConfirm*. It is free of charge and you may search for the licensee by name or license number. The discipline orders are attached in PDF format so they may be printed or viewed by the general public.

The NPDB was formed by the Medicare and Medicaid Patient and Program Protection Act of 1987. It required reporting of adverse licensure, hospital privilege, and professional society actions against physicians and dentists related to quality of care. It also tracks malpractice payments for all health care practitioners. <https://www.ncsbn.org/418.htm>.

The website for the NPDB is <http://www.npdb-hipdb.hrsa.gov/>.

You can now subscribe to Board of Nursing E-Alerts.

Every Monday we will send you an email with an Excel file that contains the names, license numbers and professions of any nurse whose license has been disciplined by the Board of Nursing the preceding week.

Discipline may include license revocations, suspensions, probations or other actions.

You can then go to [www.nursys.com](http://www.nursys.com) to see the details of the discipline including the Board's order.

To subscribe to the e-alerts, send your name and email address to Lori Scheidt at [lori.scheidt@pr.mo.gov](mailto:lori.scheidt@pr.mo.gov)

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# Leading Change, Advancing Health

The Missouri Action Coalition is moving forward in implementing the Institute of Medicine (IOM) Recommendations for the *Future of Nursing*.

**Authored by Nelda Godfrey, PhD, ACNS-BC, Co-Chair of the Missouri Action Coalition, Jill Kliethermes, MSN, RN, FNP-BC, Chief Executive Officer, Missouri Nurses Association and Andrea Routh, Executive Director, Missouri Health Advocacy Alliance**

Missouri is definitely at the table in the national and regional conversation to further the recommendations of the IOM Report on the *Future of Nursing*. The four areas identified in the IOM report—*full scope of practice for RNs and APRNs; equal partners with all health care professionals; building a more highly educated nursing workforce; and building accurate workforce data sets*—provide the parameters for Missouri’s work in “leading change, advancing health” for Missouri citizens.

Though Missouri has only been an official **Action Coalition** since September 2011, many groups in the state have been working for some time on specific actions steps. The IOM Report identifies eight recommendations, listed below. Specific examples of progress to date in our state follow each recommendation.

**Recommendation 1: Remove scope-of-practice barriers.** APRN interest groups and other professional organizations have secured sponsors for legislation to remove practice barriers for APRNs. This legislation will be introduced in the 2012 legislative session. The catch-phrase “Barrier-Free Care” is a reminder of the outcome needed to lead change and advance health for those living in the state.

**Recommendation 2: Expand opportunities for nurses to lead and diffuse collaborative improvement efforts.** Leadership development is an important part of the IOM report, and the Leadership Team began working the concept of a Leadership Academy almost a year ago. Funding proposals have been submitted, and we are waiting to hear the results. The Leadership Team is also beginning a speaker’s bureau, as well as a program entitled “At the Table” to train and encourage registered nurses to serve on community boards to provide a solid, current view of what nursing can offer in leading change and advancing health.

**Recommendation 3: Implement nurse residency programs.** The Leadership Team surveyed Missouri hospitals and found that 30% had residency programs in place. Equipped with the data, plans can go forward to encourage and build capacity for formalized residency programs for larger percentages of Missouri hospitals.

**Recommendation 4: Increase the proportion of nurses with a baccalaureate degree to 80% by 2020.** A work group developed a white paper on educational advancement for Missouri nurses in January, 2011. This document has been widely distributed, and represents a collaborative effort among many stakeholders. Currently another work group hosted by the Missouri State Board of Nursing is making revisions to the Missouri Articulation Plan, in hopes of dramatically reducing unnecessary barriers to articulation at

all levels of nursing education. Work should be completed by June 2012.

**Recommendation 5: Double the number of nurses with a doctorate by 2020.** Data from the schools in Missouri offering DNP and PhD degrees is being gathered.

**Recommendation 6: Ensure that nurses engage in lifelong learning.** Conversations about mandatory continuing education requirements and mandatory certifications have taken place, with no action as yet.

**Recommendation 7: Prepare and enable nurses to lead change to advance health.** Again, the Leadership Academy proposed by the Leadership Team is an action to meet this recommendation.

**Recommendation 8: Build an infrastructure for the collection and analysis of interprofessional health care workforce data.** Information about the National Nursing/Healthcare Workforce data centers is being explored, with plans to submit an application for Missouri to have a Nursing Workforce Center in 2012.

The Missouri Action Coalition will be hosting a Summit on June 7 at Capital Plaza in Jefferson City. The day before a Pre-Summit is being held and Dr. Linda Aiken will be the guest of the Missouri Nurses Foundation.

“Linda H. Aiken is an authority on causes, consequences, and solutions for nurse shortages in the U.S. and internationally. She directs the Center for Health Outcomes and Policy Research, is The Claire M. Fagin Leadership Professor of Nursing, Professor of Sociology, and Senior Fellow of the Leonard Davis Institute of Health Economics at the University of Pennsylvania. She co-directs the National Council on Physician and Nurse Supply, addressing national and global shortages of health professionals. Dr. Aiken has won the 2006 Baxter International Foundation’s William B. Graham Prize for Health Services Research, 2006 Raymond and Beverly Sackler Award from Research America for Sustained National Leadership in Health Research, 2005 Academy Health Distinguished Investigator Award in Health Services Research, and 2003 Individual Earnest A. Codman Award from JCAHO for her work demonstrating relationships between nursing care and patient outcomes. Dr. Aiken leads the International Hospital Outcomes Consortium, studying the impact of nursing shortages in 16 countries. She is a member of the Expert Advisory Panel guiding the World Alliance for Patient Safety, the Institute of Medicine, the National Academy of Sciences, the American Academy of Arts and Sciences, the American Academy of Political and Social Science, the National Academy of Social Insurance, an Honorary Fellow of the Royal College of Nursing in the U.K., and former president of the American Academy of Nursing.”

Dr. Aiken’s research has demonstrated that higher levels of education for nurses yield better patient outcomes as does adequate staffing; this is critical research that supports the work of the Teamwork Summit. Bringing Dr. Aiken to Missouri offers an incredible opportunity for nurses in Missouri to hear firsthand about her important research. Likewise, this workshop would provide a forum for many outside of nursing to become acquainted with the results of her research. This would include hospital administrators, perhaps some physicians, legislators, and most importantly health care consumers. This is a wonderful opportunity to show that nursing care does make a difference; we all know that, but Dr. Aiken has shown the relationship between nursing care and patients outcomes scientifically.

# Introduction to Barrier Free Care for Missouri Citizens

**Authored by Kathleen Haycraft**

Missouri is one of the most barrier laden states for access to APRN practice (Lugo, O’Grady, Hodnicki, & Hanson, 2007; Pearson, 2011). APRNs have delivered high quality and highly satisfying patient care (R. P. Newhouse et al., 2011). Missouri is rated 36th in the nation in access to health care (Missouri Hospital Association, 2011).

APRNs have delivered high quality and highly satisfying patient care for over half a century and no studies indicate that their care is inferior to that delivered by physicians (R. Newhouse et al., 2011).

Out of Missouri’s 114 counties, 109 have medically underserved areas or are health care provider shortage areas (Office of Social and Economic Data Analysis, 2009). Missouri rates poorly on primary care issues and access to health care (Missouri Hospital Association, 2011). Missouri is predominately a rural state with three urban centers that have poor and underserved populations (Office of Social and Economic Data Analysis, 2009).

In the midst of Missouri’s health care crisis, are 6,000 APRNs who provide care to a wide range of Missouri citizens (Phillips, 2011). APRNs deliver care to patients with many restrictive barriers that add cost to the system (Conover, 2004). These barriers also serve to reduce access to care in areas that already suffer from tremendous shortage areas.

The recent Joplin tornado exposed a significant barrier and impacted the ability of APRNs to deliver emergent care to tornado victims. APRNs cannot practice more than 30/50 miles from their collaborating physician. Missouri is the only state with this type of restrictive barrier. Many other barriers exist but are too numerous to list for this article. Missouri citizens may need these 6000 highly qualified providers to function in barrier free environments if future disasters occur. An impending explosion of patients in an already strained health care system is a less visible impending disaster (Blouin, 2009).

Much of the care that is given by APRNs is delivered and is followed by a retrospective signature weeks after the delivery of that care. The signature represents one piece of an already complex, multi-layered health care system that lacks evidence to support it. Rational health care policy must be developed to support access to APRN care. The Missouri Nurses Association Advanced Practice Registered Nurse Special Interest Group in conjunction with the Missouri Council on Advanced Practice support the introduction of legislation in the 2012 season to reduce barrier reduction. The theme will be “Barrier Free Care.”

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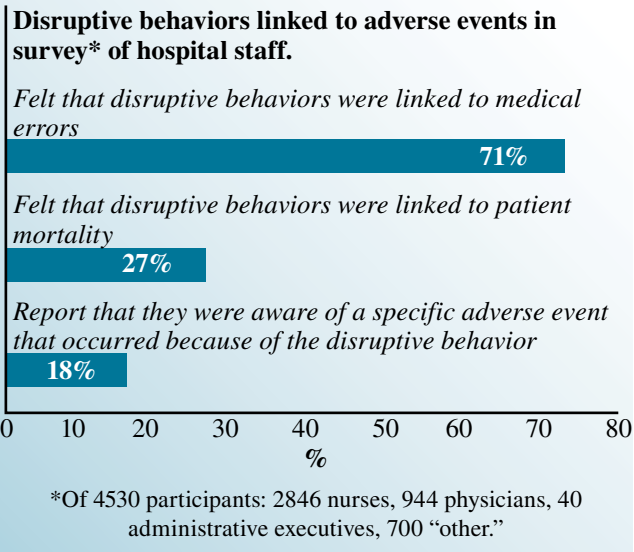


# Disruptive and Unprofessional Behavior

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### Background

Although the television physician of old was sometimes depicted as grandfatherly (Marcus Welby), today's iconic TV physician is Dr. Gregory House: brilliant, irascible, and virtually impossible to work with. This stereotype, though undoubtedly dramatic and even amusing, obscures the fact that disruptive and unprofessional behavior by clinicians poses a definite threat to patient safety. Such behavior is common: in a 2008 survey of nurses and physicians at more than 100 hospitals, 77% of respondents reported witnessing physicians engage in disruptive behavior (most commonly verbal abuse of another staff member), and 65% reported witnessing disruptive behavior by nurses. Most respondents also believed that unprofessional actions increased the potential for medical errors and preventable deaths. Disruptive and disrespectful behavior by physicians has also been tied to nursing dissatisfaction and likelihood of leaving the nursing profession, and has been linked to adverse events in the operating room. Physicians in high-stress specialties such as surgery, obstetrics, and cardiology are considered to be most prone to disruptive behavior. These concerns should not obscure the fact that no more than 2%-4% of health care professionals at any level regularly engage in disruptive behavior.



**Source:** Rosenstein AH, O'Daniel M. A survey of the impact of disruptive behaviors and communication defects on patient safety. Jt Comm J Qual Patient Saf. 2008;34:464-471. [go to PubMed]

Although there is no standard definition of disruptive behavior, most authorities include any behavior that shows disrespect for others, or any interpersonal interaction that impedes the delivery of patient care. Fundamentally, disruptive behavior by individuals subverts the organization's ability to develop a culture of safety. Two of the central tenets of a safe culture—teamwork across disciplines and a blame-free environment for discussing safety issues—are directly threatened by disruptive behavior. An environment in which frontline caregivers are frequently demeaned or harassed reinforces a steep authority gradient and contributes to poor communication, in turn reducing the likelihood of errors being reported or addressed. Indeed, a workplace culture that tolerates demeaning or insulting behavior is likely to be one in

which workers are “named, blamed and shamed” for making an error. The seriousness of this issue was underscored by a 2008 Joint Commission sentinel event alert, which called attention to this problem.

### Preventing and Addressing Disruptive Behavior

As the sentinel event alert noted, “There is a history of tolerance and indifference to intimidating and disruptive behaviors in health care.” This attitude is so widespread that, in some settings, disruptive behavior is considered the norm. Several studies have demonstrated that unprofessional behavior during medical school is linked to subsequent disciplinary action by licensing boards, suggesting that an early emphasis on teaching professionalism and addressing disruptive behavior during training may prevent subsequent incidents.

Unfortunately, there are few data to guide efforts to prevent and address disruptive behaviors. It is clear that eliminating such behaviors, and developing a strong culture of safety, requires a strong organizational emphasis. Role modeling desired behaviors, maintaining a confidential incident reporting system, and training managers in conflict resolution and collaborative practice are likely to be beneficial. Although not formally studied, other interventions designed to improve a culture of safety, such as teamwork training and structured communication protocols, may have the potential to reduce disruptive behaviors, or at least promote early identification of them. An editorial by Dr. Lucian Leape, one of the founders of the patient safety movement, proposed a systems-level approach to identifying, monitoring, and remediating poorly performing physicians, including those who regularly engage in unprofessional behavior. This approach would require collaboration between hospital accreditation organizations, federal and state medical licensing boards, and individual hospitals to establish formal standards for professional conduct, monitor adherence to those standards through confidential evaluations, and provide punishment and/or remediation in response to violations.

Although most patient safety problems are attributable to underlying systems issues, disruptive behaviors are fundamentally due to individual actions. The concept of just culture provides an appropriate foundation for dealing with disruptive behavior, as it calls for disciplinary action for individuals who willfully engage in unsafe behaviors. The Joint Commission requires that organizations have an explicit code of conduct policy for all staff and recommends including a “zero tolerance” approach to intimidating and disruptive behaviors. One example of a successful approach is the “disruptive behaviors pyramid” approach developed at Vanderbilt University Medical Center. A stepwise process for identifying and managing problem behaviors is outlined in this AHRQ WebM&M perspective.

### Current Context

The Joint Commission's Leadership Standard went into effect in 2009, including mandates for organizations to maintain a code of conduct that defines disruptive behaviors and a process for managing such behaviors. A subsequent sentinel event alert issued in August 2009 reinforced the importance of leadership in ensuring a culture of safety, with prevention of disruptive behavior among the key leadership attributes delineated. Adherence to the leadership standard is evaluated as part of Joint Commission accreditation surveys.

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**The Board of Nursing is requesting contact from the following individuals:**

**James Bono—RN153825**  
**Sonjia Cahill—RN138397**  
**Denise Filla—PN2004001920**  
**Christina Langston-Alman—PN057919**  
**Jessica Morgan Miller—PN2003023943**  
**Crystal Ross—RN152240**  
**Carolyn Sargent—PN054569**  
**Kirsten Spillman—RN126140**  
**Jerrica Williams—PN2006036039**  
**Martha Witcher—RN081502**

If anyone has knowledge of their whereabouts, please contact Beth at 573-751-0082 or send an email to [nursing@pr.mo.gov](mailto:nursing@pr.mo.gov)

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# Disciplinary Actions\*\*

Pursuant to Section 335.066.2 RSMo, the Board “may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license” for violation of Chapter 335, the Nursing Practice Act.

\*\*Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee’s identity, please check the license number. Every discipline case is different. Each case is considered separately by the Board. Every case contains factors, too numerous to list here, that can positively or negatively affect the outcome of the case. The brief facts listed here are for information only. The results in any one case should not be viewed as Board policy and do not bind the Board in future cases.

## CENSURE

### Honeywood, Amelia Shree

Saint Louis, MO

#### Licensed Practical Nurse 2010025791

Pursuant to an agreement with the Board of Nursing, Licensee met with the Discipline Administrator for the Board via telephone conference, who reviewed the requirements of Licensee’s discipline. Prior to the meeting, Licensee received, via certified mail, an affidavit outlining the requirements of her probation. Following the meeting, Licensee responded that she understood the requirements of her discipline and that Licensee was required to fax a signed copy of the affidavit to the Board Office. The affidavit included all due dates for the entirety of the disciplinary period. Licensee failed to return a copy of the affidavit. Part of the agreement required Licensee to complete continuing education hours and provide the Board with proof of completion of those hours by a specified date. The Board did not receive proof of completion of the continuing education hours until after the date that proof was due to the Board. Censure 9/29/2011 to 9/30/2011

### Cadwallader, Brandi Lynn

Brumley, MO

#### Registered Nurse 2006023056

Pursuant to the Agreement, Respondent was required to contract with the Board’s approved third party administrator (TPA), currently National Toxicology Specialists (NTS), to schedule random drug and alcohol screenings. Pursuant to that contract, Respondent was required to call a toll free number every day to determine if she is required to submit a sample for testing that day. From the beginning of her disciplinary period to the filing of the probation violation complaint, Respondent has failed to call in to NTS on thirty (30) days. Censure 9/26/2011 to 9/27/2011

### Sims, Veronica Chante’

Columbia, MO

#### Licensed Practical Nurse 2007027427

In accordance with the Agreement, Respondent was required to submit employer evaluations from each and every employer. If Respondent is unemployed, a notarized statement indicating the dates of unemployment was to be submitted in lieu of employer evaluations. The Board did not receive an employee evaluation or statement of unemployment by the February 10, 2011 and the May 10, 2011, documentation due dates. Censure 9/26/2011 to 9/27/2011

### Gallemore, Lorie A.

Neosho, MO

#### Registered Nurse 120376

Pursuant to an agreement with the Board of Nursing, Licensee met with the Board’s Discipline Administrator to review the requirements of Licensee’s discipline. Licensee signed an affidavit acknowledging that she understood the requirements of her discipline. Licensee also received a copy of the affidavit. The affidavit included all due dates for the entirety of the disciplinary period. Pursuant to the agreement, Licensee was required to submit employer evaluations from each and every employer. If Licensee was unemployed, Licensee was required to submit a notarized statement indicating the dates of unemployment in lieu of employer evaluations. Additionally, Licensee, whose license had previously expired, was advised that Licensee needed to renew her license immediately. Licensee failed to submit any employer evaluations or notarized statements regarding employment status and failed to renew her license. Censure 9/29/2011 to 9/30/2011

### Hanson, Joni M.

New Boston, MO

#### Licensed Practical Nurse 2011000171

In accordance with the Order, Respondent was required to submit employer evaluations from each and every employer. If Respondent is unemployed, a notarized statement indicating the dates of unemployment was to be submitted in lieu of employer evaluations. The Board did not receive an employer evaluation or statement of unemployment by the April 4, 2011 and the July 4, 2011 documentation due dates. Censure 9/26/2011 to 9/27/2011

### CENSURE Continued....

### Skyles, Mary K.

Salem, MO

#### Registered Nurse 093053

During her employment Licensee was demoted after a report of abuse of a resident. Between March 2005 and October 2006 Licensee had five corrective actions. Between March 2007 and October 2007, Licensee had three corrective actions and was then terminated in April 2008. Censure 9/14/2011 to 9/15/2011

### Wright, Cathy L.

Branson, MO

#### Registered Nurse 122715

Pursuant to the Agreement, Respondent was required to contract with the Board’s approved third party administrator (TPA), currently National Toxicology Specialists (NTS), to schedule random drug and alcohol screenings. Pursuant to that contract, Respondent was required to call a toll free number every day to determine if she is required to submit a sample for testing that day. From the beginning of her disciplinary period to the filing date of the Probation Violation Complaint, Respondent failed to call in to NTS on three (3) days. Pursuant to the Agreement, Respondent was required to abstain completely from the use or consumption of alcohol. On July 12, 2011, Respondent submitted a urine sample for random drug and alcohol screening. The sample from July 12, 2011, tested positive for the presence of ethyl glucuronide, a metabolite of alcohol. Censure 9/20/2011 to 9/21/2011

### Donnell, Christina M.

Cole Camp, MO

#### Licensed Practical Nurse 2003020592

On October 5, 2010 at 4:15 p.m. a supervisor was reviewing charting. Licensee had pre-charted the administration of Ativan 0.5 mg. Licensee had documented the administration of Ativan at 7:00 p.m. and had documented the response to the medication at 8:00 p.m. On a different patient, Licensee had pre-charted the administration of Ativan 0.5 mg. Licensee had documented the administration of Ativan at 9:00 p.m. and had documented the response to the medication at 10:00 p.m. On a third patient, Licensee had pre-charted the results of the administration of Vicodin at 5:00 p.m. On another patient, Licensee had pre-charted the administration of Vicodin. Licensee had documented the administration of Vicodin at 9:00 p.m. and had documented the response to the medication at 10:00 p.m. On another patient, Licensee has pre-charted the administration of Vicodin at 5:00 p.m. and had documented the response to the medication at 6:00 p.m. On another patient, Licensee had pre-charted the administration of Vicodin. Licensee had documented the administration of Vicoden at 10:00 p.m. and had documented the response to the medication at 11:00 p.m. Censure 9/29/2011 to 9/30/2011

### Fields, Violet Antoinette

Saint Louis, MO

#### Licensed Practical Nurse 2010007240

Pursuant to the Board’s Order, Respondent was required to immediately advise any employer or potential employer of Respondent’s probationary status and provide a copy of the Order to any employer or potential employer. On or about May 20, 2011, the Board was contacted by a Nursing Home Administrator. The administrator advised the Board that Respondent had been employed at since August of 2009. Respondent had never notified anyone of her disciplinary status and had never provided a copy of the Order to the facility. Censure 9/20/2011 to 9/21/2011

### Galbraith, Ruth A.

Darlington, MO

#### Licensed Practical Nurse 021216

Licensee practiced nursing in Missouri without a license from June 1, 2010 thorough July 20, 2011. Censure 9/10/2011 to 9/11/2011

### Blake, Deborah A.

Cadet, MO

#### Registered Nurse 134374

On August 5, 2010, Licensee was found guilty of one (1) count of the Class C Felony of Assault in the Second Degree and two (2) counts of the Class A Misdemeanor of Endangering the Welfare of a Child in the Second Degree. Censure 9/26/2011 to 9/27/2011

### Smallwood, LaTrysa N.

Saint Louis, MO

#### Licensed Practical Nurse 2003001171

Pursuant to the Board’s Order and the preceding Settlement Agreement, Respondent was required to abstain completely from the use or consumption of alcohol. On July 26, 2011, Respondent submitted a urine sample for random drug and alcohol screening. The sample tested positive for the presence of ethyl glucuronide, a metabolite of alcohol. Censure 9/26/2011 to 9/27/2011

### James, Judith A.

Saint Louis, MO

#### Licensed Practical Nurse 025922

On December 15, 2006, Respondent indicated that she had been sentenced by the St. Clair County Court, Illinois, for 24 months of probation for a felony forgery charge in 2005. On or about December 1, 2004, Respondent was charged with Forgery, in violation of Section 17-3(a)(2), Act 5.0, Chapter 720, ILCS

### CENSURE Continued....

1992, with the intent to defraud by St. Clair County, Illinois. On February 9, 2005, Respondent pled guilty to the felony charge of Forgery in the Circuit Court of St. Clair County, Illinois. Censure 9/20/2011 to 9/21/2011

## PROBATION

### Reed, Donna Jean

Warrenton, MO

#### Registered Nurse 2011035442

On October 4, 2005, Licensee pled guilty to the Class C Felony of Stealing in the Circuit Court of Warren County, Missouri. The Court suspended imposition of sentence and placed Licensee on five (5) years of supervised probation. Probation 10/17/2011 to 10/17/2012

### Johnson, Michelle L.

Kansas City, MO

#### Licensed Practical Nurse 051922

In accordance with the Board’s Order, Respondent was required to submit employer evaluations from each and every employer. If Respondent is unemployed, a notarized statement indicating the dates of unemployment was to be submitted in lieu of employer evaluations. The Board did not receive an employer evaluation or statement of unemployment by the April 4, 2011 and the July 4, 2011 documentation due dates. Respondent presented statements of unemployment with her to the Board Meeting. Probation 9/28/2011 to 7/4/2013

### Whitson, Amanda Michele

Braggadocio, MO

#### Registered Nurse 2007024059

On January 27, 2011, Respondent submitted to a random urine screening at her place of employment. The screening was positive for amphetamines. On April 6, 2011, Respondent was interviewed by an investigator for the Board. During the interview, Respondent admitted to knowingly using methamphetamine in January of 2011. In accordance with the terms of the Settlement Agreement, Respondent was required to obey all federal, state and local laws. On April 19, 2011, Respondent pled guilty to the Class C Felony of “Possession of a Methamphetamine Precursor Drug with Intent to Manufacture Methamphetamine” in the Circuit Court of Pemiscot County, Missouri. In accordance with the terms of the Settlement Agreement, Respondent was required to renew her nursing license immediately. On April 30, 2011, Respondent’s nursing license expired. Probation 9/28/2011 to 9/28/2016

### Wilson, William Teer, III

Bridgeton, MO

#### Registered Nurse 2011030750

On or about November 4, 1988, Licensee pleaded guilty to a misdemeanor charge of stealing, for which he received a suspended imposition of sentence. He successfully completed his probation so that he has no criminal record for this charge. Licensee has admitted that, in the past, he abused marijuana, which is a controlled substance pursuant to § 195.017, RSMo. Licensee has been clean and sober since August 2007, and has been participating in various recovery programs and has regularly attended Narcotics Anonymous since that time. Probation 9/13/2011 to 9/13/2014

### Henry, Jerry N.

Saint Louis, MO

#### Registered Nurse 095804

On December 4, 2010, Licensee came to the hospital and clocked in to work, although he was not on the schedule to work. There was no indication that he cared for any patients that day. A review of the Pyxis reports show that Licensee withdrew two 2mg/ml vials of Dilaudid using the ‘override’ function of the Pyxis. A further review of the Pyxis report from November 1 through December 2, 2010 revealed multiple instances where Licensee pulled controlled substances, but did not document the administration or waste of the entire amount. When questioned about not wasting the remaining dosage, Licensee stated that he had a habit of throwing medication vials away at the end of his shift. Probation 9/3/2011 to 9/3/2014

### Anderson, Jessica R.

Kingdom City, MO

#### Registered Nurse 133148

On December 22, 2008, Respondent diverted Morphine and Oxycodone at various times during her shift. On December 23, 2008, Respondent diverted Morphine, Meperidine, and Oxycodone at various times during her shift. Probation 9/21/2011 to 9/21/2014

### Barnett, Michelle L.

Blue Springs, MO

#### Registered Nurse 149480

Pursuant to the Agreement, Respondent was required to abstain completely from the use or consumption of alcohol. On June 13, 2011, Respondent submitted a urine sample for random drug and alcohol screening. The sample tested positive for the presence of ethyl glucuronide, a metabolite of alcohol. When Respondent



was contacted by Dr. Greg Elam, the medical review officer from National Toxicology Specialists, Inc., Respondent admitted that she had consumed alcohol in violation of her probation. Probation 9/29/2011 to 4/27/2016

**Davis, Matthew Lee**  
Lakeland, FL  
**Registered Nurse 2011038226**

In his Application for a License as a Registered Professional Nurse by Endorsement (Application), Licensee admitted that he currently, or within the past five (5) years, used any prescription drug, controlled substance, illegal chemical substance or alcohol, to the point where his ability to practice as a registered professional nurse would be affected. Additionally, in his Application, Licensee checked that he is now being treated, or had been treated within the past five (5) years, through a drug or alcohol rehabilitation program. Licensee admitted in his application that he sought inpatient, and subsequently outpatient, treatment for substance abuse and depression through the Intervention Project for Nurses (IPN), which contracts with the Florida Board of Nursing, in lieu of discipline through the Florida Board of Nursing. Licensee contracted with the IPN and his contract is active and he remains in compliance with his IPN contract. Probation 11/18/2011 to 11/18/2016

**Davis, Margret Mashea**  
Vanduser, MO  
**Registered Nurse 2002013518**

On October 20, 2010, Licensee was reported by co-workers to appear confused. The co-worker also reported that Licensee’s pupils were pinpointed and her speech was slurred. The drug screen was positive for benzodiazepines and opiates. When questioned by the hospital, and later by a Board investigator, Licensee admitted that she had taken Percocet and valium for a migraine headache. Licensee had a valid prescription for Percocet and valium. However, they had not been prescribed to her for migraine headaches. Probation 9/6/2011 to 9/6/2014

**Ball, Eileen M.**  
Cottleville, MO  
**Registered Nurse 122031**

On or about March 13, 2007, Respondent was assigned as the “circulator” in the operating room for two eye lens implant procedures. Respondent was not in the surgical suite when the pre-operative check lists and the pre-operative time-out were performed. While doing the implant record, Respondent found that the lens given to the Doctor was the lens for the first surgical patient, not the second. Respondent immediately informed the Doctor that he had the incorrect lens, the lens was removed, and the correct lens was placed in the patient. Respondent did not fill out an incident report at or around the time that the improper lens had been implanted into a patient on or about March 13, 2007. On or about March 27, 2007, Respondent informed the Manager of Surgical Services that a lens had to be wasted, but stated that the lens never made it into the patient. On or about March 30, 2007, Respondent completed an incident report, at which time she admitted to the manager that the lens had been implanted into the patient. Upon review of the records from the surgical procedure of March 13, 2007, it was found that Respondent had documented that she had completed the pre-operative check list and the time-out for the procedure. Respondent did not arrive into the surgical suit until after the procedure had been started. Probation 9/1/2011 to 9/2/2011

**Igo, Sandra Sue**  
Alton, IL  
**Registered Nurse 2011030981**

On January 8, 2009, the Illinois State Board of Nursing disciplined the Illinois professional registered nursing license of Licensee. The grounds upon which the Illinois State Board of Nursing based its actions constituted grounds upon which suspension or revocation is authorized by Missouri. Licensee’s license in Illinois was disciplined for diverting controlled substances for her personal consumption. Probation 9/14/2011 to 9/14/2014

**Greenlee, Julie Melissa**  
Saint Peters MO  
**Registered Nurse 2004023224**

While employed as a registered professional nurse, an audit by the facility revealed that from June 17, 2011, through July 16, 2011, Licensee had 31 instances of questionable narcotic handling concerning the removal, administration, and wasting of Dilaudid. Probation 9/13/2011 to 9/13/2014

**Gaddis, Merry Wayne**  
Prairie Village, KS  
**Registered Nurse 2011030943**

On September 2, 2009, the Tennessee State Board of Nursing disciplined the Tennessee professional registered nursing license of Licensee. The grounds upon which the Tennessee State Board of Nursing based its actions constituted grounds upon which suspension or revocation is authorized by Missouri. Specifically, Licensee’s license in Tennessee was disciplined for diverting Morphine and personally using the Morphine diverted from her place of employment while she was on duty as a nurse. Probation 9/14/2011 to 9/2/2014

**Dowling, Liza Ann**  
Saint Charles, MO  
**Licensed Practical Nurse 2006010201**

In accordance with the Agreement, Respondent was required to submit employer evaluations from each and every employer. If Respondent is unemployed, a notarized statement indicating the dates of unemployment was to be submitted in lieu of employer evaluations. The Board did not receive an employer evaluation or statement of unemployment submitted on behalf of Respondent by the March 9, 2011 or the June 9, 2011 documentation due dates. In accordance with the terms of the probation, Respondent was required to renew her nursing license immediately. On May 31, 2010, Respondent’s license expired. Probation 9/28/2011 to 3/9/2014

**Gunn, Shannon Marie**  
Belton, MO  
**Registered Nurse 2001033427**

Pursuant to the Agreement, Respondent was required to contract with the Board’s approved third party administrator (TPA), currently National Toxicology Specialists (NTS), to schedule random drug and alcohol screenings. Pursuant to that contract, Respondent was required to call a toll free number every day to determine if she is required to submit a sample for testing that day. From the beginning of her disciplinary period to this filing, Respondent has failed to call in to NTS on fourteen (14) days. In addition, on January 18, 2011 and April 25, 2011, Respondent was selected to provide a urine sample for screening and the result of the screening showed a low creatinine reading. Probation 9/22/2011 to 12/1/2015

**Schmid, Jill A.**  
Saint Louis, MO  
**Registered Nurse 146086**

On January 3, 2011, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of morphine. On May 20, 2011, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of morphine. Probation 9/23/2011 to 7/4/2015

**Annesser, Heather Celeste**  
Sikeston, MO  
**Licensed Practical Nurse 2007022826**

In accordance with the terms of the Agreement, Respondent was required to complete continuing education hours at the direction of the Discipline Administrator. Respondent was advised to provide the Board with proof of completion of the continuing education hours by June 1, 2011. Respondent did not provide proof of completion of the continuing education hours by June 1, 2011, nor has the Board received proof of completion of the continuing education hours after June 1, 2011. Probation 9/28/2011 to 9/28/2012

**Pich, Rachael Lynette**  
Pacific, MO  
**Licensed Practical Nurse 1999135734**

On December 15, 2009, Licensee accessed the medical records of a co-worker without consent of the co-worker. When questioned about viewing the records of a co-worker, Licensee admitted that she had accessed the records without consent, but stated that it was done out of concern as the co-worker was sent to another facility for emergency surgery. Upon further investigation, it was discovered that Licensee had examined the medical records of several other people seen at the hospital without consent to do so. Licensee admitted that on past occasions she had accessed medical records of individuals without a valid medical reason or without proper authorization. Probation 10/26/2011 to 10/26/2013

**Weeks, Vanessa Jean**  
Nixa, MO  
**Registered Nurse 2002005068**

On November 23, 2008, Respondent was caring for a patient who was receiving “comfort care” and he could receive two milligrams of Dilaudid every hour. On November 23, 2008, Respondent removed two vials (each containing one milligram) of Dilaudid from the Accudose at two different times for the patient; however, Respondent only administered one milligram to the patient. On November 23, 2008, Respondent took two vials of Dilaudid into the employee bathroom and administered the Dilaudid to herself. On November 23, 2008, Respondent was requested to submit to a drug screen. Respondent admitted that she had diverted two vials of Dilaudid for her personal consumption on November 23, 2008. On January 13, 2009, Respondent relapsed by taking Xanax and using Marijuana. Probation 9/22/2011 to 9/22/2016

**Bottcher, Cris Eric**  
Gilman City, MO  
**Registered Nurse 2007017669**

On June 23, 2009, Licensee was indicted by a federal grand jury for one count of conspiracy in violation of 18 U.S.C. §371, and two counts of sponsoring or exhibiting an animal in an animal fighting venture in violation of 7 U.S.C. §2156(a) and 18 U.S.C. §§ 2 and 49. All counts were Class D Felony crimes. On October 6, 2009, Licensee pled guilty to count on of the indictment charging him in violation of 18 U.S.C. §371, that is conspiracy to buy, sell, deliver or transport animals for participation in an animal fighting venture and count two of the indictment, charging him with a violation of 7 U.S.C. §2156(a), sponsoring or exhibiting an animal in an animal fighting venture. Licensee admitted that he is in fact guilty of these offenses. Probation 9/14/2011 to 9/14/2016

**Durand, Debra Sue**  
Fulton, MO  
**Licensed Practical Nurse 2004031198**

Pursuant to the terms of the Settlement Agreement, Respondent is prohibited from violating the Nursing Practice Act. The Board received an employer evaluation dated May 31, 2011. The employer evaluation shows that the Respondent was terminated on April 28, 2011 and included the following documentation. a) A December 9, 2010 Employee Disciplinary Report regarding a November 30, 2010 incident where the Respondent failed to sign out the 8:00 p.m. dose of Lyrica 25 mg. that was ordered. The Employee Disciplinary Report indicates this was Respondent’s second error in one month; the first being in November when Respondent administered the wrong dose. b) An April 8, 2001 Employee Disciplinary Report regarding an April 1, 2011 incident where because the Respondent failed to follow the “Fall Policy” after a resident fell. c) An April 18, 2011 Employee Disciplinary Report regarding incidents that occurred on April 8, 2011 and April 11, 2011. 1) On April 8, 2011, was to administer Xanax.5mg. The pharmacy had sent a card of Xanax .25 mg. Respondent failed to recognize that two tablets were needed to follow the physicians order therefore resident only received a partial dose of medicine. 2) On April 11, 2011, Respondent failed to count narcotics with day nurse and had wasted one Xanax without the required witness. d) An April 14, 2011 Employee Disciplinary Report where Respondent was suspended without pay for three (3) days for violating the medication administration policy. e) An April 27, 2011 Employee Disciplinary Report where Respondent was terminated following an April 7, 2011 incident where Respondent took off an order for Seroquel 12.5 mg and transcribed the Seroquel to another resident’s MAR. The resident had been receiving a medication that was not prescribed. The Respondent’s testimony at the hearing addressed and responded to the issues raised in the Employee Disciplinary Report. The Nursing Performance Evaluation Form dated May 31, 2011 also indicated that the evaluator was unsure if the Respondent “is maintaining abstinence from all mood-altering chemicals, including alcohol.” The evaluator wrote, “I have rec’d phone calls while she was off duty complaining about work scheduled and sounded impaired.” The Respondent denied any wrongdoing implied by this statement specifically. Probation 9/21/2011 to 3/9/2014

**Williams, Connie Louise**  
La Harpe, IL  
**Registered Nurse 2006004851**

Respondent was employed as the director of nursing (DON). Resident was admitted after suffering from a stroke. Resident had a physician’s order for Coumadin (blood thinner), but not for Aspirin. On or about April 4, 2008 at 11:10 a.m., resident’s physician was notified of a change in resident’s condition after checking her vitals. On April 4, 2008 at 11:30 a.m., the physician ordered the staff to send resident to the hospital for evaluation and treatment. The ambulance arrived at around 12:30 p.m. on April 4, 2008. On April 4, 2008, Respondent did not do an assessment of the resident before the ambulance arrived or review the resident’s chart, but felt the symptoms resident was experiencing was that of transient ischemic attack (TIA). On April 4, 2008, Respondent overruled the physician’s order and cancelled the resident leaving the facility to go to the hospital. On April 4, 2008, Respondent signed as the resident’s representative for refusal of ambulance services. On April 4, 2008, Respondent did not do an assessment of the resident after the ambulance left. Respondent administered Aspirin 81 mg to the resident without a physician’s order. On April 4, 2008 from 2:15 p.m. to 6:00 p.m., the staff continued to monitor resident. The staff reported that resident was alert, but confused, had slurred speech, and was unable to carry on a meaningful conversation. Resident’s vitals were once again checked and reported to the physician. On April 4, 2008 at 7:00 p.m., the physician again ordered the resident to be sent to the hospital immediately. On April 4, 2008, resident had suffered another stroke. Probation 9/21/2011 to 9/21/2014

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*Probation continued from page 11*

**Harris, Angela Dawn**  
 Elsberry, MO  
**Licensed Practical Nurse 2006025082**  
 Pursuant to the Settlement Agreement, Respondent was required to abstain completely from the use or consumption of alcohol. On May 17, 2011, Respondent submitted a urine sample for random drug and alcohol screening. The sample tested positive for the presence of ethyl glucuronide, a metabolite of alcohol. Pursuant to the terms of Respondent’s probation, Respondent was to submit an employer evaluation from every employer or, if Respondent was unemployed, an affidavit indicating the periods of unemployment. The Board did not receive an employer evaluation or statement of unemployment by the December 13, 2010 documentation due date. The Board did not receive an employer evaluation or statement of unemployment for the March 13, 2011 documentation due date until March 21, 2011. The Board did not receive an employer evaluation or statement of unemployment for the June 13, 2011 documentation due date until June 20, 2011.  
 Probation 9/29/2011 to 3/12/2014

**Smith, Anthony W.**  
 Sedalia, MO  
**Registered Nurse 2001003241**  
 Licensee was terminated on November 19, 2010 for “rules violation” by violating the employer’s harassment policy, which prohibits “unwelcome verbal and physical conduct of a sexual nature.” On June 24, 2010, Licensee was counseled regarding inappropriate advances towards female employees, specifically back rubs and invitations to his home. He was also counseled not to participate in either giving or receiving back rubs and was informed that this was unprofessional conduct. Licensee continued to engage in conduct with female employees under his supervision that was inappropriate, including giving back rubs and moaning at the same time to B.B., S.L.R., and N.H.; patting the buttocks of B.B.; kissing S.L.R. and N.H on the neck or forehead; and, placing a note that stated “big boobs” in the mailbox of S.L.R. When confronted Licensee admitted that his behavior was inappropriate and that he had overstepped some boundaries.  
 Probation 11/8/2011 to 11/8/2012

**Fox, Shelia Lynn**  
 Winona, MO  
**Licensed Practical Nurse 2011030749**  
 On or about November 19, 2002 she pled guilty to Endangering the Welfare of a Child, 2nd Degree, a class A misdemeanor On or about September 15, 2004, she pled guilty to Assault/Attempt Assault on a Law Enforcement Officer in the First Degree, a Class A felony On or about September 15, 2004 Licensee also pled guilty to Resisting/Interfering with Arrest for A Felony, a Class D felony in violation of § 575.150, RSMo. Licensee was sentenced. The execution of this sentence of suspended and she was placed on four years of probation. On or about July 19, 2006, Licensee’s probation was revoked in that she admitted that she had violated her probation by possessing cocaine, a controlled substance. On or about July 19, 2006, Licensee pled guilty to Possession of Controlled Substance Except 35 Grams or Less of Marijuana, a Class C Felony. It was this plea that led to the prior described probation violation and revocation of Licensee’s probation. Licensee was sentenced. The execution of this sentence was suspended and Licensee received four years of probation to run concurrent with her probation as a result of her guilty plea to case number 03CR780893-01. Licensee has been sober of drugs and alcohol since February 2006.  
 Probation 9/13/2011 to 9/13/2014

**Wanner, Gary L.**  
 Saint Peters, MO  
**Registered Nurse 075958**  
 Licensee was to administer an antibiotic by intravenous piggyback (IVPB) utilizing an infusion pump. The patient had a peripherally inserted central catheter (PICC line) in place. A secondary feature of the infusion pump is used so that when the IVPB is completed, another bag of IV fluids will begin to infuse thus preventing the line from clotting and preventing air from entering into the bloodstream, heart and lungs. Licensee set up the IVPB without setting up the second bag of IV fluids to flush the line once delivery of the antibiotic was complete. The incorrect setup was found by an oncoming nurse and was brought to the Licensee’s attention. Licensee saw nothing wrong with the setup and reported his intention was to return to the patient’s room prior to the end of the infusion in order to flush the PICC line and prevent any problem with clotting or air entry into the body. Licensee’s failure to return to the patient in a timely manner and the IVPB running dry could have left the opportunity for the line to clot or introduce air into the bloodstream, heart and lungs. While orienting on one weekend, Licensee placed a unit of blood in the refrigerator. There are specific criteria set for the safe storage of blood in order to prevent harm to the patient. These conditions cannot be guaranteed in a refrigerator on the patient floor. A family member of another patient complained they did not want Licensee as their nurse because he allegedly failed to respect the patient’s right to privacy and comfort. Respondent was employed as a staff nurse in the Telemetry Unit. Respondent began working in the Telemetry Unit on or about October 19, 2009 and continued to work until his termination on December 3, 2009. Throughout Respondent’s orientation period there were many concerns raised by his preceptors regarding his job performance and patient care. Respondent was repeatedly instructed on how to chart and prioritize tasks including the needs of patients. On or about November 25, 2009, Nurse Manager of the Telemetry Unit held an employee conference with Respondent. The Nurse

*PROBATION Continued....*

Manager held the conference to address elements of concern with Respondent’s job performance as reported by Respondent’s preceptors over the six and half week training period, listed on the Employee Conference Report as:  
 a. Failure to prioritize patient needs appropriately.  
 b. Failure to demonstrate competent care of patients independent of a preceptor  
 c. Inability to organize nursing care and chart correctly.  
 d. Failure to follow instructions.  
 e. Failure to communicate appropriately with staff.  
 On November 25, 2009, also addressed were incidents involving inappropriate actions taken by Respondent during patient care. October 28, 2009, Respondent was involved in the transfer of a patient who had been a 2-person assist to a wheelchair. The patient’s knees buckled and he was lowered to the floor. Respondent failed to recheck the same patient’s international normalized ratio (INR) during his shift. On October 28, 2009, the same patient had an oral contract for a CT and was later found to be choking on his chicken broth. Respondent informed his preceptor that the patient was choking because the broth was “just too hot.” On October 29, 2009, a patient had a test ordered while in ICU. The patient was later transferred from ICU to Respondent’s floor. After a period of time the patient’s family questioned Respondent about the test and it was later discovered that the test had not been entered or had been cancelled upon the patient’s transfer from ICU. November 12, 2009, Respondent was ordered to take a swab from a patient but Respondent failed to perform the task. Following the Employee Conference, it was determined that Respondent would remain in a day shift orientation until he was able to demonstrate proper competency of expected nursing care and his patient load would be lessened. On or about December 3, 2009, the manager held another Employee Conference, terminating Respondent’s employment. The reasoning provided for Respondent’s termination was stated in the Employee Conference Report:  
 a. During the six and half week period several concerns of Respondent’s job performance had been discussed with Respondent on multiple occasions, but no improvements were made.  
 b. Respondent is being terminated effective December 3, 2009, for his failure to demonstrate competency in failing to prioritize patient needs appropriately, to demonstrate competent care of patients independent of a preceptor, inability to organize nursing care and chart correctly, to follow instructions, and to communicate appropriately with staff.  
 Probation 10/5/2011 to 10/5/2013

**Hodges, Jennifer Ann**  
 Saint Charles, MO  
**Registered Nurse 2011038633**  
 On November 3, 2000, Licensee’s license was placed on probation for diversion of controlled substances from her employer. Licensee’s probation was violated and extended in 2003 because Licensee failed to submit required documentation and attend required meetings. Licensee’s probation was violated again in 2005 for failing to submit required documentation and attend required meetings. The Board revoked Licensee’s license on February 14, 2005.  
 Probation 11/22/2011 to 11/22/2014

**Teffer, Renee L.**  
 Wright City, MO  
**Licensed Practical Nurse 2011035447**  
 On April 17, 2003, Licensee pled guilty to the Class C Felony of ‘Stealing’ in the Circuit Court of St. Charles County, Missouri. The Court suspended imposition of sentence and placed Licensee on five (5) years of supervised probation. Licensee successfully completed the terms of probation and, as a result, was not convicted of the offense. On April 5, 2005, Licensee pled guilty to the Class C Felony of ‘Possession of a Controlled Substance’ in the Circuit Court of Warren County, Missouri. The Court suspended imposition of sentence and placed Licensee on five (5) years of supervised probation. Licensee successfully completed the terms of probation and, as a result, was not convicted of the offense.  
 Probation 10/17/2011 to 10/17/2014

**Bramell, Lindy Erin**  
 Clinton, MO  
**Licensed Practical Nurse 2009032877**  
 Pursuant to the Order, Respondent was required to contract with the Board’s approved third party administrator (TPA), currently National Toxicology Specialists (NTS), to schedule random drug and alcohol screenings. Pursuant to the contract, Respondent was required to call a toll free number every day to determine if she is required to submit a sample for testing that day. During her disciplinary period to this filing, Respondent has failed to call NTS on sixteen (16) days. Further, on the following dates: September 14, 2010; March 22, 2011; and April 6, 2011, Respondent call NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a laboratory to provide the required sample.  
 Probation 9/29/2011 to 10/26/2012

**Vaughn, Angela Leigh**  
 Harrisonville, MO  
**Licensed Practical Nurse 2011030761**  
 On or about September 29, 1993, Licensee pled guilty to Assault. On or about September 28, 2004, Licensee pled guilty of Passing A Bad Check in the Circuit Court of Cass County, Missouri. On or about March 2, 2011, Licensee pled guilty of Domestic Assault.  
 Probation 9/12/2011 to 9/12/2012

*PROBATION Continued....*

**Lucas, Amy K.**  
 Saint Louis, MO  
**Registered Nurse 148819**  
 Pursuant to the Settlement Agreement, Respondent was required to abstain completely from the use or consumption of alcohol. On May 16, 2011, Respondent submitted a urine sample for random drug and alcohol screening. The sample tested positive for the presence of ethyl glucuronide, a metabolite of alcohol.  
 Probation 9/22/2011 to 6/8/2015

**Gilliland, Gina R.**  
 Macon, MO  
**Registered Nurse 120873**  
 Pursuant to the Agreement, Respondent was required to contract with the Board’s approved third party administrator (TPA), currently National Toxicology Specialists (NTS), to schedule random drug and alcohol screenings. Pursuant to that contract, Respondent was required to call a toll free number every day to determine if she is required to submit a sample for testing that day. From the beginning of her disciplinary period to the filing of the Probation Violation Complaint, Respondent failed to call in to NTS of fifteen (15) days. In addition, on May 18, 2011, Respondent was selected to provide a urine sample for screening and the result of the screening showed a low creatinine reading. A low creatinine level is indicative of “masking” or other attempts to affect the results of the test.  
 Probation 9/21/2011 to 9/21/2016

**Thoman, Theresa K.**  
 Kansas City, KS  
**Licensed Practical Nurse 049395**  
 On July 22, 2008, Licensee submitted a urine sample for random drug screening. That sample tested positive for the presence of marijuana.  
 Probation 9/19/2011 to 9/19/2016

**Sylla, Samantha Jean Marie**  
 Saint Ann, MO  
**Licensed Practical Nurse 2011029814**  
 By Licensee’s own admission, she had addictions to methamphetamine and cannabis. Licensee did not lawfully possess these substances. Licensee states that her clean and sober date is October, 2006. In or about March 2005, Licensee was charged with Third Degree Assault in the County Court of Dawson County, Nebraska. On April 5, 2005, this charge was reduced and Licensee pled guilty to Disturbing the Peace. Licensee was placed on probation and ordered to pay fines and attend a course for anger management. On June 27, 2005, Licensee violated the terms of probation because she was found with drug paraphernalia in her possession. Licensee’s probation was extended by six months. Licensee sought treatment for her addiction in July 2005. Licensee was unsuccessful in completing this program. On January 24, 2006, Licensee was again charged with violating her probation for being in possession of methamphetamine and for child abuse. Licensee’s probation was not revoked, she was allowed to remain on probation and to pay fines. License also sought treatment for her addiction in July 2006, however Licensee was unsuccessful in completing this program. Licensee entered intensive outpatient treatment in January 2007, completed the treatment program and states that she has remained clean and sober.  
 Probation 9/2/2011 to 9/2/2016

**Hellman, Susan Y.**  
 Kansas City, MO  
**Registered Nurse 135822**  
 In accordance with the Agreement, Respondent was required to undergo a thorough chemical dependency evaluation within six weeks of the effective date of the Agreement and have the results sent to the Board within ten working days after its completion. The Board has not received a thorough chemical dependency evaluation submitted on Respondent’s behalf.  
 Probation 9/26/2011 to 3/31/2014

**Helferstay, Ronald W.**  
 Saint Louis, MO  
**Registered Nurse 082645**  
 On or about May 1, 2006, while Licensee was at a patient’s home, he took Darvocet pills, contained in a bottle, out of the patient’s room to count them. While out of the room, Licensee slipped a few of the pills into the pocket of his scrubs. Licensee was terminated as a result of the incident.  
 Probation 9/23/2011 to 9/23/2014

**Randle, Cindy A.**  
 Kansas City, MO  
**Licensed Practical Nurse 050149**  
 Licensee submitted to a drug screen on February 21, 2007. The drug screen was positive for cocaine.  
 Probation 9/22/2011 to 9/22/2013

**Johnston, Deborah L.**  
 Farmington, MO  
**Registered Nurse 124125**  
 Licensee was required to abstain completely from the use or possession of any controlled substance or other drug for which a prescription is required unless use of the drug has been prescribed by a person licensed to prescribe such drug and with whom Licensee has a bona fide relationship as a patient. On March 19, 2008, Licensee tested positive for Tramadol. Although Tramadol is not a controlled substance, legal possession requires



Probation continued from page 12

a valid prescription. Licensee does not have a valid prescription for Tramadol.  
Probation 9/19/2011 to 9/19/2016

**Pulcher, Karen L.**  
Leawood, KS  
**Registered Nurse 073678**

In May, 2010, Pulcher exhibited erratic behavior at her work. Pulcher went to her car, retrieved something from the trunk and then placed a rag to her face. On May 5, 2010, Pulcher admitted to her supervisor that she was abusing a substance. On June 13, 2010, Pulcher was involved in a one car accident in Leawood, Kansas. The responding officer reported that two cans of toluene containing substances and paper towels were on the front passenger side floorboard of the Pulcher’s car at the scene of the accident. Pulcher admits that she had inhaled toluene before she got into the car to drive on June 13, 2010. On June 29, 2010, Pulcher admitted to her supervisor that she had an addiction to toluene and had had an addiction to alcohol. From May 12, 2010 until June 12, 2010, Pulcher received inpatient treatment at Hazelden Treatment Center in Minnesota with follow-up outpatient care at Shawnee Mission Medical Center. Pulcher continued to engage in inhalant substance abuse and was discharged from this program due to her continued substance abuse. On August 4, 2010, Pulcher began in patient treatment at Valley Hope in Atchison, Kansas, but left on August 17, 2010 due to her continued substance abuse. From August 19, 2010 until October 3, 2010, Pulcher successfully completed outpatient treatment at ReDiscover in Lee’s Summit. On November 2, 2010, Pulcher consumed alcohol and was given a re-assessment by ReDiscover and continues treatment through ReDiscover. Pulcher reports her alcohol clean and sober date to be November 3, 2010 and her inhalant clean and sober date to be August 18, 2010.  
Probation 11/16/2011 to 11/16/2015

**Lutman, Catherine Ann**  
Leadwood, MO  
**Licensed Practical Nurse 2007029965**  
On October 19, 2010 Licensee pled guilty to one count of the Class D felony of ‘Fraudulently Attempting to Obtain a Controlled Substance’ in the Circuit Court of Ste. Genevieve County, Missouri.  
Probation 9/9/2011 to 9/9/2014

**Bowers, Jessica Paige**  
Delta, MO Farmington, MO  
**Registered Nurse 124125**  
Licensee was required to abstain completely from the use or possession of any controlled substance or other drug for which a prescription is required unless use of the drug has been prescribed by a person licensed to prescribe such drug and with whom Licensee has a bona fide relationship as a patient. On March 19, 2008, Licensee tested positive for Tramadol. Although Tramadol is not a controlled substance, legal possession requires a valid prescription. Licensee does not have a valid prescription for Tramadol.  
Probation 9/19/2011 to 9/19/2016

**Parkins, Boyd A.**  
Kansas City, MO  
**Registered Nurse 141038**  
On July 7, 2010, Licensee was working the night shift and fell asleep. Licensee was terminated as a result of this incident. On July 8, 2010, when Licensee was advised of his termination, he responded in an inappropriate manner. After leaving the hospital following his termination, Licensee sent a text message with unprofessional statements to a former coworker.  
Probation 9/7/2011 to 9/7/2014

**Della Jacono, Jennifer Lauren**  
Kansas City, MO  
**Licensed Practical Nurse 2011008529**  
On April 15, 2011, Licensee submitted to a urine drug screening test as part of the pre-employment hiring process. The urine sample tested positive for amphetamines.  
Probation 9/27/2011 to 9/27/2014

**Rittman, Sarah Christine**  
Kansas City, MO  
**Registered Nurse 2008021528**  
Pursuant to the Agreement, Respondent was required to contract with the Board’s third party administrator (TPA), currently National Toxicology Specialists (NTS), and participate in random drug and alcohol screenings. Respondent was to complete the NTS drug screen packet and submit the completed contract to NTS within twenty days of the effective date of the Agreement. Respondent was advised that her due date to register with NTS was February 16, 2011. Respondent did not complete the NTS contract until August 25, 2011.  
Probation 9/23/2011 to 7/19/2013

**Crane, LaTika Abril**  
Kansas City, MO  
**Licensed Practical Nurse 2002019922**  
Pursuant to the Agreement, Respondent was required to contract with the Board’s approved third party administrator (TPA), currently National Toxicology Specialists (NTS), to schedule random drug and alcohol screenings. Pursuant to that contract, Respondent was required to call a toll free number every day to determine if she is required to submit a sample for testing that day. From the beginning of her disciplinary period to this filing, Respondent has failed to call in to NTS on twelve (12) days. Further, on March 8, 2011, Respondent called NTS and

PROBATION Continued....

was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the required sample.  
Probation 9/22/2011 to 7/25/2012

**Bowers, Jessica**  
Delta, MO  
**Licensed Practical Nurse 2011037999**  
On or about July 16, 2009, Licensee pled guilty in the Circuit Court to DWI. On or about March, 2010, Licensee was asked to submit to a random drug screen by her probation officer. Licensee’s drug screen was positive for marijuana. On or about April 14, 2010, Licensee pled guilty to violating her probation.  
Probation 11/14/2011 to 11/14/2013

**Marsh, Melissa Dawn**  
Mountain View, MO  
**Licensed Practical Nurse 2008003288**  
On March 10, 2010, Licensee was required to do a random drug screen. The urine drug screen was positive for marijuana.  
Probation 9/7/2011 to 9/7/2013

**Buechter, Laura L.**  
Dixon, MO  
**Registered Nurse 147114**  
On November 16, 2004, Respondent failed to reconcile a patient’s armband with the label on a bottle of mother’s breast milk for a newborn baby. During the course of her employment, Respondent was cited for record keeping and standard of care issues with regard to her professional duties as a nurse. Respondent had a duty to accurately document sentinel events in her patients’ charts. Respondent failed to accurately document sentinel events in her patients’ charts.  
Probation 10/26/2011 to 10/26/2012

**Cowart, Elizabeth Jane**  
Odessa, MO  
**Registered Nurse 2004009542**  
On or about March 23, 2007, Respondent pled guilty to a Class C Felony of “Endangering the Welfare of a Child in the First Degree”.  
Probation 11/16/2011 to 11/16/2015

**Kellenberger, Dawn R.**  
Dupo, IL  
**Registered Nurse 149658**  
Pursuant to the Agreement, Respondent was required to contract with the Board’s approved third party administrator (TPA), currently National Toxicology Specialists (NTS), to schedule random drug and alcohol screenings. Pursuant to that contract, Respondent was required to call a toll free number every day to determine if she is required to submit a sample for testing that day. From the beginning of her disciplinary period to this filing, Respondent has failed to call in to NTS on twenty-seven (27) days. Further, on the following dates: July 20, 2010; October 20, 2010; January 28, 2011 and April 18, 2011, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the required sample. In accordance with the Agreement, Respondent was required to submit employer evaluations from each and every employer. If Respondent is unemployed, a notarized statement indicating the dates of unemployment was to be submitted in lieu of employer evaluations. The Board did not receive an employer selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the required sample.  
Probation 9/22/2011 to 7/25/2012

**Porter, Susan Lea**  
Columbia, MO  
**Registered Nurse 2010002144**  
In accordance with the terms of the Order, Respondent was required to contract with the Board approved third party administrator, currently National Toxicology Specialists, Inc. (NTS), and participate in random drug and alcohol screenings. Pursuant to that Order, Respondent was required to call a toll free number every day to determine if she was required to submit to a test that day. From the beginning of her disciplinary period to this filing, Respondent has failed to call in to NTS on six (6) days. Further, on June 27, 2011, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample on June 27, 2011. In addition, on February 17, 2010 and March 8, 2010, Respondent was selected to provide a urine sample for screening. The result of both these screenings showed a low creatinine reading. Low creatinine readings in these tests is indicative of “masking” or other attempts to affect the results of such testing.  
Probation 9/22/2011 to 1/19/2013

**Sims, Shetara D.**  
Kansas City, MO  
**Licensed Practical Nurse 2010003628**  
On or about August 3, 2010, following an internal investigation, Licensee and other employees were requested to submit to a drug screen. The test results were positive for marijuana.  
Probation 10/5/2011 to 10/5/2013

# REVOCATION

**Whitt, Anthony David**  
Braymer, MO  
**Registered Nurse 2001015709**  
Respondent worked in the emergency department at the Hospital. On February 9, 2006 at 1:52 p.m. Respondent withdrew Fentanyl for patient, A.J.V. Patient, A.J.V.’s, medication record contained no order from a physician prescribing that the patient receives Fentanyl. On February 9, 2006, Respondent failed to chart the Fentanyl was administered to patient, A.J.V. On February 16, 2006 at 11:16 a.m. Respondent withdrew Fentanyl for patient, T.D.L. Patient, T.D.L.’s, medication record contained no order from a physician prescribing that the patient receives Fentanyl. On February 16, 2006, Respondent failed to chart the Fentanyl was administered to patient, T.D.L. On February 16, 2006 at 6:35 p.m. Respondent withdrew Fentanyl for patient, M.B. Patient, M.B.’s, medication record contained no order from a physician prescribing that the patient receives Fentanyl. On February 16, 2006, Respondent failed to chart the Fentanyl was administered to patient, M.B.  
Revoked 9/20/2011

**Baughn, Carol L.**  
Mountain View, MO  
**Licensed Practical Nurse 037362**  
Pursuant to an agreement with the Board of Nursing, Licensee met with the Board’s Discipline Administrator via telephone conference to review the requirements of Licensee’s discipline. Licensee stated that Licensee understood the requirements of the discipline. In accordance with the agreement, Licensee was required to obtain fifteen (15) hours of education in three specified categories and submit proof of completion of those hours to the Board by a specific date. The Board did not receive proof of completion either before or after the due date.  
Revoked 9/29/2011

**Wright, Susan A.**  
O Fallon, IL  
**Registered Nurse 2004021363**  
Licensee entered into an Agreement with the Board of Nursing which required Licensee to abstain completely from the use or consumption of alcohol. Licensee met with the Board’s Discipline Administrator to review the requirements of the Agreement. Licensee signed an affidavit acknowledging understanding of the Agreement and received a copy of the affidavit. Licensee later submitted a urine sample for random drug and alcohol screening. The sample tested positive for the presence of ethyl glucuronide, a metabolite of alcohol.  
Revoked 9/29/2011

**Kafer, Jamie L.**  
Saint Joseph, MO  
**Registered Nurse 106957**  
In accordance with the Order, Respondent was required to submit employer evaluations from each and every employer. If Respondent is unemployed, a notarized statement indicating the dates of unemployment was to be submitted in lieu of employer evaluations. The Board did not receive an employer evaluation or statement of unemployment on behalf of Respondent by the March 14, 2011 and the June 14, 2011 documentation due dates. In accordance to the Order, Respondent was prohibited from violating the Nursing Practice Act. Respondent is the owner of Covenant Care, LLC; a home health agency in St. Joseph, Missouri. Respondent was not permitted to work in home health care as part of the agreement which demonstrates the violation not only by her working in home health care, but owning a home health care company. Between September 27, 2010 and February 9, 2011, Respondent documented that on ten (10) separate occasions. Respondent went to the home of Covenant Care client, W.M. and provided nursing care. When Respondent visited W.M. and provided nursing care on September 27, 2010, it was at a time when her nursing license was suspended. Therefore, Respondent was providing nursing care at a time when she did not have a valid nursing license  
Revoked 9/22/2011

**Kerr, Pamela G.**  
Joplin, MO  
**Registered Nurse 068952**  
On or about September 7, 2007, one of Respondent’s patients fully removed her feeding tube. Upon this discovery, Respondent observed no gurgling sounds or other signs of distress. Respondent did not assess the patient’s lungs to check for signs of aspiration as protocol. Instead, Respondent rolled the patient on her side so she could continue resting for the night. A short time later on or about September 7, 2007, a Respiratory Therapist (“R.T.”) found the patient to be dusky in appearance with purple color lips. In addition, the patient appeared to be sweating, foaming at the mouth, and had an oxygen saturation level of forty percent (40%). The R.T. informed Respondent about the condition of her patient and requested a suction catheter. Respondent searched for one in her area, but was unable to locate one. Respondent then left the floor to find a suction catheter at the central supply area. While Respondent was searching for the suction catheter, the R.T. suctioned the patient before Respondent returned to the unit. There were “large amounts of tube feeding” that were suctioned out of the patient. Respondent reported to the physician that the patient “might have aspirated.” Respondent failed to report that the patient had been doing so poorly. The patient was intubated and transferred to the intensive care unit. Since the patient had a really bad night a message was left for

Revocation continued on page 14



*Revocation continued from page 13*

her daughter to return the hospital’s call. The patient’s daughter returned the telephone message and Respondent was advised that she needed to take the call since she had been the primary nurse responsible for the patient and had the most information. Respondent refused to take the daughter’s call. Before leaving her shift, Respondent failed to give report to the charge nurse on three of her patients.  
Revoked 9/20/2011

**White, Nathan Burke**  
Miami, OK  
**Registered Nurse 2010005813**  
Pursuant to an Order from the Board of Nursing, Licensee was required to meet with representatives from the Board at regular intervals. Licensee was specifically advised by certified mail to meet with Board representatives on a specific date. Licensee did not attend the meeting and failed to call to reschedule the meeting. Licensee was also required to submit employer evaluations from each and every employer or, if unemployed, to submit a notarized statement indicating the dates of unemployment. The Board did not receive employer evaluations or notarized statements from Licensee. Licensee also had a lapsed license which he was ordered to renew and to not allow his license to lapse in the future. Licensee failed to renew the license and the license remains lapsed at this time.  
Revoked 9/29/2011

**Auzat, Tonia Marie**  
Union, MO  
**Licensed Practical Nurse 2009015535**  
Pursuant to the Order, Respondent was required to contract with the Board’s approved third party administrator (TPA), currently National Toxicology Specialists (NTS), to schedule random drug and alcohol screenings. Pursuant to that contract, Respondent was required to call a toll free number every day to determine if she is required to submit a sample for testing that day. Since March 9, 2011, the date of the most recent Censure issued by the Board, to the filing date of the probation violation complaint, Respondent has failed to call in to NTS on seventeen (17) days.  
Revoked 9/20/2011

**Wheeler, Heather Michelle**  
Pryor, OK  
**Registered Nurse 2004009064**  
Pursuant to a Settlement Agreement that Licensee entered into with the Board, Licensee was required to contract with the Board’s approved third party administrator (TPA), currently National Toxicology Specialists (NTS), to schedule random drug and alcohol screenings. Pursuant to that contract, Licensee was required to call a toll free number every day to determine if she is required to submit a sample for testing that day. From the beginning of her disciplinary period to the filing date of the complaint, Licensee failed to call in to NTS on five (5) days. Further, on June 20, 2011, Licensee called NTS and was advised that she had been selected to provide a urine sample for screening. Licensee failed to report to a collection site to provide the required sample. In accordance with the Agreement, Licensee was required to undergo a thorough chemical dependency evaluation within six weeks of the effective date of the Agreement and have the results sent to the Board within ten working days after its completion. The chemical dependency evaluation was due in the Board Office May 31, 2011. The Board did not receive the chemical dependency evaluation until June 14, 2011. In addition, the chemical dependency evaluation submitted indicated that Respondent required further treatment. The Board never received proof of aftercare on behalf of Respondent by the July 19, 2011 due date.  
Revoked 11/16/2011

**Owen, Charles T.**  
Saint Louis, MO  
**Registered Nurse 099381**  
Respondent worked as a registered nurse in the Intensive Care Unit (ICU). Respondent admits to being addicted to and abusing prescription drugs (his pain pills) as far back as November 2007. On December 11, 2008, Respondent informed the clinical nurse manager that he was self-referring to a detox center for abusing his own prescription drugs. On or about December 15, 2008, Respondent began his rehabilitation with Bridgeway Behavioral Health. On Respondent’s intake form for Bridgeway Behavioral Health dated December 15, 2008, Respondent admitted to injecting himself with Heroin daily and his last injection was December 14, 2008. Respondent indicated on the intake form that his drugs of choice were Marijuana and Heroin. On December 24, 2008, Respondent was scheduled to meet with the employee assistance program and take a drug screening test. On December 24, 2008, Respondent did not go through with the drug screening because he had smoked Marijuana immediately before and/or after going through rehabilitation.  
Revoked 9/20/2011

**Gustafson, Ronald F.**  
Grover Beach, CA  
**Registered Nurse 2000149148**  
On August 19, 2008, Respondent was observed entering and exiting the CVICU medication room on multiple occasions without proper cause. On August, 19, 2008, Respondent dispensed 10 mg of morphine at three different times for a patient that was doing well. On August 19, 2008, Respondent was requested to submit to a drug screen and he complied. The test was positive for morphine. Respondent admitted that he had diverted morphine from the Center for his personal consumption.  
Revoked 9/20/2011

*REVOCATION Continued....*

**Medlock, Michelle Diane**  
Sikeston, MO  
**Licensed Practical Nurse 2000170568**  
In accordance with the Order, Respondent was required to submit employer evaluations from each and every employer. If Respondent is unemployed, a notarized statement indicating the dates of unemployment was to be submitted in lieu of employer evaluations. The Board did not receive an employer evaluation or statement of unemployment on behalf of Respondent by any of the following documentation due dates: September 16, 2009; December 16, 2009; March 16, 2010; June 16, 2010; September 16, 2010; December 16, 2010; and March 16, 2011. In accordance with the terms of the Order, Respondent was required to complete the Board’s designated continuing education hours. The Board never received proof of any completed hours. Pursuant to the terms of the Order, Respondent was required to renew her nursing license immediately and not allow her license to lapse. On May 31, 2010, Respondent’s license expired, and remains lapsed at this time.  
Revoked 9/22/2011

**Judd, Jaime D.**  
West Plains, MO  
**Licensed Practical Nurse 2002005310**  
On or about May 27, 2008, Respondent dropped off a prescription written for herself for 110 tablets of Vicodin written by Dr. S. G. An employee of the Pharmacy immediately thought the prescription had been altered so the employee called the emergency room to confirm the prescription. The prescription appeared to have been altered to read “110.” Staff confirmed the prescription was originally written for a quantity of 10 Vicodin, but the prescription had been altered for a quantity of “110” Vicodin. Due to the suspicions regarding this prescription for Respondent, a review was conducted on other prescriptions that had been filled for Respondent. On or about April 13, 2008, Respondent had been seen in the emergency room for Sciatica. She was prescribed Lortab. On or about April 13, 2008, Respondent submitted a prescription for Lortab written by Dr. S. M. This prescription had been altered from “Lortab, 7.5, ‘20” to “Lortab 7.5, ‘120.” On or about November 3, 2008, Respondent entered a guilty plea to Fraudulently Attempting to Obtain a Controlled Substance, a Class D Felony.  
Revoked 9/26/2011

**Saunders, Amanda Lynn**  
Salisbury, MO  
**Licensed Practical Nurse 2002023806**  
Licensee entered into an Agreement with the Board of Nursing which required Licensee to submit employer evaluations from each and every employer, or if unemployed, to submit a notarized statement indicating the dates of unemployment. Licensee met with the Board’s Discipline Administrator to review the requirements of the Agreement. Following the meeting, Licensee signed an affidavit acknowledging that Licensee understood the requirements of the discipline. The affidavit contained all due dates that Licensee was to submit the evaluations or statements regarding employment. Licensee received a copy of the affidavit. The Board did not receive an employer evaluation or notarized statement for two separate due dates. The Board scheduled a hearing to determine whether Licensee has violated the Agreement. Licensee was properly and timely served with notice of the hearing.  
Revoked 9/29/2011

**Wood, Gerrold G.**  
Oxford, AR  
**Licensed Practical Nurse 040530**  
On May 14, 2003, Licensee pled guilty to six (6) counts of the felony of ‘Rape’, five (5) counts of the felony of ‘Incest’ and two (2) counts of the felony of ‘Sexual Assault in the First Degree’ in the Circuit Court of Izard County, Arkansas.  
Revoked 9/13/2011

**Landolt, Rachel Marie**  
Saint Clair, MO  
**Licensed Practical Nurse 2000173049**  
On October 15, 2010, Licensee misappropriated a fanny pack belong to a resident of the center. The fanny pack contained the resident’s camera, personal belongings and the check that he was to give to the Center to pay his monthly fees at the Center. When police responded to the Center to assist in the investigation, Licensee was found to have the memory card from the missing camera in her pocket. Licensee then led the officers to where she had hidden the resident’s fanny pack. On July 26, 2011, Licensee’s name was placed on the Missouri Department of Health and Senior Services Employment Disqualification List for a period of one year.  
Revoked 10/8/2011

**Nave, Demetria Toyce**  
Kansas City, MO  
**Licensed Practical Nurse 2008020435**  
On June 7, 2011, Respondent called in to FirstLab and was advised that she had been chosen to provide a urine sample for drug and alcohol screening. The lab found that the urine specimen submitted by Respondent to be inconsistent with human urine. Dr. James Ferguson, Medical Director for FirstLab’s Professional Health Monitoring Program stated, “These extremely dilute measures are not consistent with human urine, meaning the donor either added water at collection or otherwise diluted the specimen not only beyond the normal ranges of urine but so much so that it is not possible for humans to produce urine with these measures.”  
Revoked 9/22/2011

*REVOCATION Continued....*

**Booth, Steven Kent**  
Nevada, MO  
**Registered Nurse 2011002517**  
On or about March 1, 2011, the Board received a Complaint from the licensee’s employer stating that Respondent had been terminated from employment. In its Complaint, employer stated that Respondent was hired by employer on or about August 24, 2010, and that Respondent had presented a probated Utah nursing license. In explanation of the Utah probation, Respondent stated that his probation was the result of a misdemeanor theft charge that was to be expunged in Utah. In support of his statement, Respondent presented a form showing that he had allegedly applied for expungement of his criminal record. When asked by employer about licensure as a nurse in Missouri, Respondent stated that he should be getting his Missouri nursing license any day. In February, 2011, employer discovered through the Board’s website that Respondent was licensed in Missouri, and that his Missouri license was subject to several restrictions. Due to the restrictions, Respondent would not be able to perform the functions and duties of the position for which he was hired by employer. Respondent did not inform employer of his probated Missouri nursing license. When Respondent was approached by employer, Respondent admitted the additional reasons why his Utah nursing license and now his Missouri nursing license were probated, which was for diversion of narcotics. Respondent was required to submit employer reports to the Utah Board at set times. These employer reports were to be completed and submitted by Respondent’s direct supervisor to the Utah Board. On December 1, 2010, Respondent submitted a falsified employer report dated November 30, 2010, to the Utah Board. The employer report contained a forged signature indicating it had been signed by K. B., and stated that Respondent was an administrator at employer. On May 9, 2011, the Utah Board of Nursing revoked Respondent’s Utah license. Respondent failed to submit a chemical dependence report on April 27, 2011, and on July 27, 2011, which were the deadlines established through is probation. Respondent failed to provide an attendance report on April 27, 2011 and on July 27, 2011, which were the deadlines established through his probation.  
Revoked 9/26/2011

**Embly, Jennifer C.**  
Camdenton, MO  
**Licensed Practical Nurse 2000169200**  
In or around October 31, 2007 through November 14, 2007, resident J. H. was admitted to the Center. Resident J. H. gave his check book to Respondent to give to the Social Services Director of the Center for safe keeping. After resident J. H. was released from the Center, he received a bank statement showing that check number 7043 for the amount of \$178.65 had been paid by his banking institution. J. H. did not write this check, and filed a report with the Camdenton Police Department. Throughout the police investigation it was found that Respondent had been arrested and convicted of the following events:  
a. On or about April 22, 1997, Misdemeanor Stealing under the name of Jennifer C. Klingensmith.  
b. On or about October 8, 2000, Passing a Bad Check over \$500.00 under the name of Jennifer C. Klingensmith.  
c. On or about February 15, 2004, Passing a Bad Check over \$500.00 under the name of Jennifer C. Klingensmith.  
d. On or about July 30, 2004, Passing a Bad Check under the name of Jennifer C. Meyer.  
On or about March 21, 2008, Respondent entered a guilty plea to Class C Felony Forgery in the Circuit Court of Camden County, related to the events concerning removing a check from the check book of resident J. H., in case number 08CM-CR00106-01. Respondent was placed on five years supervised probation. On or about September 8, 2008, Respondent’s name was placed on the Missouri Department of Health and Senior Services Employee Disqualification List (“EDL”), for a period of 5 years, for the events related to resident J. H. During the time that Respondent was working under contract for the Facility. On or about November 27, 2005, Respondent failed to check blood glucose levels of six patients in Respondent’s care. On or about November 27, 2005, Respondent failed to sign out noon medications on several patients in her care. Respondent failed to administer 30 medications (including two doses of insulin) and failed to administer 45 treatments to patients, including performing wound care on a patient’s left heel.  
Revoked 9/22/2011

**Hoxsey-Avallone, Carolyn L.**  
Saint Louis, MO  
**Registered Nurse 119994**  
On or about November 18, 2007, D. G., a Certified Medication Technician (“CMT”), was checking the medications and noticed 2 ½ cards of Percocet and 1 card of Vicodin were missing. Each full card contained 30 pills. D.G. informed J. T., the Director of Nursing (“DON”). Respondent was questioned about the missing medications since she had the keys to the locked box. Respondent stated that she and K. M. had destroyed the missing narcotics together. K. M. denied destroying any Percocet with Respondent. A review of the controlled substance proof of use sheets revealed that on three occasions Respondent documented she destroyed 12 Propoxy N/APAP, 15 Propoxy N/APAP, and 15 Propoxy N/APAP. Respondent failed to document the date she destroyed the medications, and she failed to obtain a second witness signature to the destruction of said medications. On the occasions Respondent destroyed the medications without a witness, the count sheets were also missing. On or about October 9, 2008, Respondent admitted to diverting the missing medications, Percocet and Vicodin, during an interview. On or about August

*Revocation continued on page 16*





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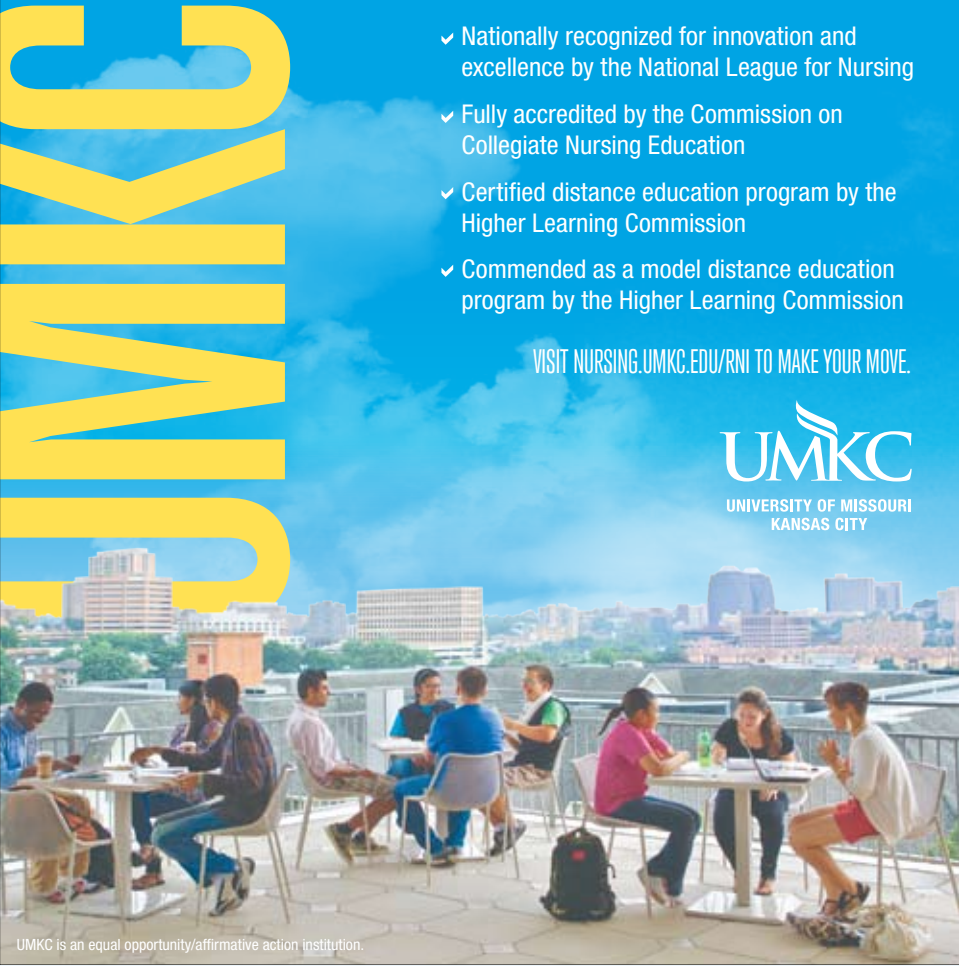

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12, 2008, two cards of Vicodin for Sr. B.C. were signed in as accepted by Respondent and added to the total card count (41 to 43). On August 25 and 26, 2008, cards were added and subtracted by Respondent with corrections to the numbers by “write overs.” Upon close inspection, it was found that the numbers involved in the “write overs” resulted in one card of Vicodin being unaccounted for. An investigation revealed that Respondent had written over existing numbers with card counts, changing the number of pills without initialing off, and having another witness sign off on it, in violation of policy. During an investigation, Respondent admitted that she “wrote over” the card count to “straighten out the numbers” and she also admitted that she took a card of Vicodin prior to her leaving the facility. Respondent admitted to diverting Vicodin, Percocet, and Ambien. Respondent left on the morning of September 3, 2008, approximately 2 hours and 15 minutes prior to the end of her shift. Respondent did not communicate this to her supervisor or management staff. Upon leaving, Respondent failed to give a report to any other nurse regarding the patients that she had been assigned.  
Revoked 9/20/2011

**Brown, Ronald L.**  
Leopold, MO  
**Licensed Practical Nurse 050544**

Pursuant to an agreement with the Board of Nursing, Licensee was required to meet with the Board representatives at regular intervals. Licensee was given notice to attend a meeting with the Board’s representatives on a specified date. Licensee failed to attend the mandatory meeting. Licensee was also required to contract with the Board’s third party administrator (TPA), complete a drug screen packet, and participate in random drug and alcohol screenings. Respondent failed to complete the contract and failed to complete the drug screen packet within the time frames allotted by the Board. Licensee was also required to undergo a chemical dependency evaluation within a specific time frame, which Licensee also failed to complete.  
Revoked 9/29/2011

**Richmond, Hope Elena**  
Sikeston, MO  
**Licensed Practical Nurse 2003020405**

Licensee was employed by Employer until her discharge from employment for absenteeism and poor work performance. During Licensee’s employment with Employer, Licensee developed a relationship of professional trust and confidence between herself and her employer, her co-workers, patients and their families. R. H is a physician and H. G. is a charge nurse for Employer. After Licensee was terminated by Employer, Licensee called in prescriptions for Nubain and and Phenergan to a pharmacy using the name of H. G. and using the DEA number of R. H., H. G. was not working the day that the prescriptions were called into the pharmacy. R. H. did not authorize prescriptions for Nubain or Phenergan for Licensee. While Nubain and Phenergan are not controlled substances, a prescription is needed to legally obtain them. Licensee did not have a valid prescription for Nubain or Phenergan. Licensee was arrested when Licensee attempted to pick up the prescriptions at the pharmacy. Licensee was charged with and convicted of theft/stealing and received a sentence of six (6) months in the county jail with execution of the sentence suspended. Licensee was placed on a period of unsupervised probation for two (2) years.  
Revoked 9/29/2011

REVOCATION Continued....

**Al-Shams, Haleema Munirah**  
Kansas City, MO  
**Licensed Practical Nurse 010660**

Licensee was employed in the home health care industry. In July 2009, Licensee accepted a twelve (12) hour shift to care for a ventilator-dependent quadriplegic. When Licensee relieved the previous nurse on duty, Licensee and the nurse had a verbal altercation wherein Licensee screamed profanity that was overheard by the patient. Licensee did assume the shift despite her unprofessional behavior. Also present in the patient’s home was a home health aide who was there to assist Licensee with the patient’s care but was not licensed or medically trained. At approximately 9:40 a.m., Licensee informed the aide that Licensee was leaving to get something to eat and left the patient’s home. Licensee left the patient without a licensed person or ventilator trained individual in the home to assume care of the patient. The aide informed the patient that Licensee had left. The patient asked that a relative be called. Subsequently, the employer was notified at 10:10 a.m. that there was no nurse in the home. The employer attempted to telephone Licensee on a cell phone to inquire of Licensee’s whereabouts while another nurse was sent to the patient’s home. Licensee admitted to leaving the patient’s home. Licensee returned to the patient’s home at approximately 10:30a.m. but was relieved of duties at 11:00 a.m. by the employer due to the employer’s grave concern for the lack of nursing judgment that Licensee exhibited by leaving the medically complex patient in the care of an unlicensed and untrained person. Licensee opted to resign in lieu of termination. Licensee’s conduct was found by the Administrative Hearing Commission to constitute incompetency and gross negligence in the performance of the functions and duties as a nurse and a violation of a professional trust or confidence with Licensee’s employer and colleagues, warranting the imposition of discipline against her license.  
Revoked 9/22/2011

**Philpott, James E.**  
Olathe, KS  
**Licensed Practical Nurse 051887**

“Licensee’s license in Missouri is lapsed; however, Licensee also held a license in the State of Colorado. The State of Colorado suspended Licensee’s Colorado license after Licensee pled guilty to felony sexual assault on a child in Colorado. Sexual offense of a child is a crime involving moral turpitude and is a ground for which revocation or suspension is authorized in Missouri.  
Revoked 10/14/2011

**Shepard, Robin L.**  
Willow Springs, MO  
**Registered Nurse 141421**

Respondent was required to abstain completely from the use or consumption of alcohol. On November 12, 2010, Respondent submitted a urine sample for screening. The sample tested positive for the presence of alcohol.  
Revoked 10/27/2011

VOLUNTARY SURRENDER

**Miller, Beverly D.**  
Saint Charles, MO  
**Registered Nurse 155132**  
On November 21, 2011, Licensee voluntarily surrendered her Missouri Nursing License.  
Voluntary Surrender 11/21/201

VOLUNTARY SURRENDER Continued....

**Williams, Connie Louise**  
La Harpe, IL  
**Registered Nurse 2006004851**  
On November 9, 2011, Licensee voluntarily surrendered her Missouri nursing license.  
Voluntary Surrender 11/9/2011

**Gray, Phoebe M.**  
Columbia, MO  
**Licensed Practical Nurse 2006029389**  
Voluntary Surrender 11/8/2011

**Douglass, Kelly Sue**  
Paola, KS  
**Registered Nurse 153866**  
On November 8, 2011, Licensee voluntarily surrendered her MIssouri Nursing License.  
Voluntary Surrender 11/8/2011

**Harrison, James E.**  
Winfield, MO  
**Registered Nurse 128503**

Licensee was employed as a registered professional nurse. On October 10, 2010, Licensee was working in a Cardiovascular Intensive Care Unit. A patient assigned to Licensee coded, or required significant immediate attention p.m. Despite multiple alarms sounding in the patient’s room and numerous pages sent to Licensee’s pager, Licensee did not respond. Licensee failed to provide appropriate and immediate care to the patient. Licensee’s conduct constitutes incompetency and gross negligence in the performance of the functions and duties of a nurse. Licensee’s conduct constitutes a violation of a professional trust or confidence.  
Voluntary Surrender 11/3/2011

**Cook, Cameron K.**  
Houston, MO  
**Registered Nurse 143464**

From February 2009 continuing until June 2009, Licensee diverted Percocet for her personal consumption from the hospital. In December of 2009, Licensee was assigned to provide care for a seven year old that had severe seizure activity. On December 17, 2009, Licensee was caring for the child in his home. After approximately ten minutes alone with the child, she placed him in a ‘time-out’ in his room. Licensee closed the door to the room. The room did not have a light. Licensee left the child in the room, alone, without checking on him, for approximately fifty (50) minutes. The child’s care plan specifically states that the child needs constant supervision due to his medical conditions.  
Voluntary Surrender 10/26/2011

**Stafford, Lynette K.**  
Independence, MO  
**Registered Nurse 063998**  
Licensee provided home health care. Licensee provided care to a patient on a short term basis. Licensee provided professional nursing services and engaged in a relationship of professional trust and professional confidence with patient. Patient was later discharged from care from the home health care agency; however, Licensee became personal friends with patient and became patient’s power of attorney giving Licensee access to patient’s banking information and all checking and savings accounts of patient. A personal relationship with a former patient connected with the appointment as attorney of fact with access

Voluntary Surrender continued on page 17

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Voluntary Surrender continued from page 16

to financial information and accounts crosses professional boundaries expected of a nurse and patient relationship and constitutes a violation of a professional trust or confidence in violation of the Nursing Practice Act.  
Voluntary Surrender 10/18/2011

**Schmid, Jill A.**  
Saint Louis, MO  
**Registered Nurse 146086**  
On October 13, 2011, Licensee voluntarily surrendered her Missouri Nursing License.  
Voluntary Surrender 10/13/2011

**Stewart, Alexandra E.**  
Troy, MO  
**Licensed Practical Nurse 2000175684**  
On October 11, 2011, Licensee voluntarily surrendered her Missouri Nursing License.  
Voluntary Surrender 10/11/2011

**Belling, Priscilla Renee**  
Mountain Grove, MO  
**Licensed Practical Nurse 2008001517**  
Licensee obtained methadone without a valid prescription. While on duty, Licensee consumed a large quantity of methadone in an attempt to commit suicide. Licensee was transported to an emergency room and recovered. Licensee admitted that this was an attempt to commit suicide.  
Voluntary Surrender 11/1/2011

**Ball, Connie S.**  
Arbyrd, MO  
**Licensed Practical Nurse 047661**  
The facility is set up as two separate buildings, the North and South buildings. License was a charge nurse and worked both buildings. However, if she was working in one building, she would not have access to records or medication in the other building unless that charge nurse let her inside. The nurses are assigned to work in one building per shift. On November 2, 2010, it was noted that Licensee was giving patient C. W., who hardly ever took pain pills, two per day when Licensee was working. The DON spoke to C. W. and asked if he was having a lot of pain lately. C. W. denied having pain and denied that Licensee had been giving him pain medications. The DON asked C. W. if he would be willing to submit to a drug test. C. W. agreed to submit to the test. The results were negative. It was noticed that Licensee had signed out narcotics for patients in the North building for November 2 and 3, 2009. However, Licensee didn't work in the North building during her shift on November 2, 2009. Licensee didn't have access to those patients, their medications, or the keys to that building. Specifically, Licensee documented signing out and administering medications to C. W. In addition, on November 2 and 3, 2009, it was documented that patient T. P., from the North Building received Percocet. Another resident, P. P. from the North Hall, had been refusing her Norco with other nurses. However, Licensee documented several doses on P. P.'s ledger sheet. In addition, she documented that she administered doses on November 2, 2009, when she wasn't working in the North Hall that day. The Board received information from the Arkansas Board of Nursing that that the Arkansas Board had taken disciplinary action against Licensee's license. A Findings of Fact, Conclusions of Law and Disciplinary Order was issued on November 17, 2006, placing Licensee's license on suspension for two (2) years to be followed by three (3) years of probation.  
Voluntary Surrender 9/22/2011


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VOLUNTARY SURRENDER Continued....

**Klopfer, Jerry L.**  
Springfield, MO  
**Registered Nurse 130304**  
On or about November 12, 2007, Licensee was on duty as a registered professional nurse when his co-workers observed that Licensee smelled "like alcohol" and that his hands were "very shaky," as well as other indicia of potential impairment of Licensee. The blood alcohol test was negative, however, Licensee's drug screen tested positive for tetrahydrocannabinol ("THC"), a metabolite of marijuana.  
Voluntary Surrender 9/29/2011


**Lyons, Kathleen**  
Mountain View, MO  
**Registered Nurse 2008009421**  
On August 5, 2010, Licensee was found guilty of one (1) count of the Class C Felony of Assault in the Second Degree and two (2) counts of the Class A Misdemeanor of Endangering the Welfare of a Child in the Second Degree.  
Voluntary Surrender 9/21/2011

**Pohl, Julie Ann**  
Glen Carbon, IL  
**Registered Nurse 2005030362**  
On September 26, 2011, Licensee voluntarily surrendered her Missouri nursing license.  
Voluntary Surrender 9/26/2011

**Kobielush, Melanie Mae**  
Uriah, AL  
**Registered Nurse 2008022183**  
On September 22, 2011, Licensee surrendered her Missouri Nursing License.  
Voluntary Surrender 9/22/2011

**Maxwell, Cara Lee**  
Baton Rouge, LA  
**Licensed Practical Nurse 2004036272**  
On or about April 6, 2005, Licensee pled guilty to DWI-Alcohol. On or about September 13, 2006, Licensee pled guilty to DWI-Alcohol. On or about April 28, 2007, Licensee pled guilty to DWI-Alcohol-Persistent Offender, a Class D Felony.  
Voluntary Surrender 9/29/2011

**Barton, Joni E.**  
Bixby, MO  
**Registered Nurse 142233**  
On September 14, 2011, Licensee surrendered her Missouri nursing license.  
Voluntary Surrender 9/14/2011



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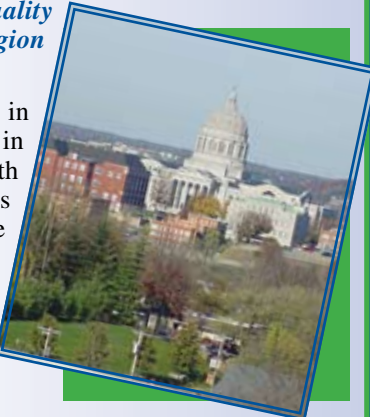



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